Health Financi	ai Systems	IU HEALTH GOSHEN	HOSPITAL	Tu rie	u or Form CMS-2552-10
This report is	required by law (42 USC 139	ig; 42 CFR 413.20(b)). Falu	re to report can resul	t in all interim	FORM APPROVED
payments made	since the beginning of the co	ost reporting period being	deemed overpayments (4	2 USC 1395g).	OMB NO. 0938-0050
HOSPITAL AND H AND SETTLEMENT	OSPITAL HEALTH CARE COMPLEX (SUMMARY	COST REPORT CERTIFICATION	Provider CCN: 150026	Period: From 01/01/2012 To 12/31/2012	
PART I - COST	REPORT STATUS				
Provider	1.[X] Electronically filed	cost report		Date: 5/23/20	13 Time: 10:25 am
use only	2.[] Manually submitted c	ost report			
	3.[0] If this is an amende 4.[F] Medicare Utilization			resubmitted this co	ost report
Contractor use only	5. [1]Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6.Date Received: 7.Contractor No. 8.[N]Initial Report for 9.[N]Final Report for	this Provider CCN 12.	NPR Date: Contractor's Vendo [0]If line 5, co number of tim	

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH GOSHEN HOSPITAL (150026) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/23/2013 Time: 10:25 am qS2gGQV5oxxWJnxu4EUI5ZWgccWvy0 ubycV0U.2x2KEWyRmKghrBXQVJU2n0

yQzR1aygfG0zG6tQ

v.wC02IBY90aCrFR

PI: Date: 5/23/2013 Time: 10:25 am fFvCmuQg6.saqPPcEf1Uah01JG63r0 1LLFROpkbU58EPOUAUBBJTOBevAP:r

(Signed)_

Officer or Alministrator of Provider(s)

<u>UFO</u>

5-23-13

Date

			Title	XVIII			-
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY					-	
1.00	Hospital	0	-300,375	-144,597	-358,682	-1,068,813	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	o	0		0	3.00
4.00	SUBPROVIDER I	l 0	0	. 0		0	4.00
5.00	Swing bed - SNF	0	0	. 0		0	5.00
6.00	Swing bed - NF	o			ł	. 0	6.00
7.00	SKILLED NURSING FACILITY	0	0	o		0	7.00
8.00	NURSING FACILITY	o	1			0	8.00
9.00	HOME HEALTH AGENCY I	0	o	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		o		. 0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	o		o		0	12.00
200.00	Total	o	-300,375	-144,597	-358,682	-1,068,813	
The ab	ove amounts nonnegent "due to" on "due fram"	*la = _ = = 7 d = = 1 - 1 -	£ +l.	1			

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.

the effective date of the geographic reclassification in column 2.

effect in the cost reporting period.

Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter

If this is a sole community hospital (SCH), enter the number of periods SCH status in

35.00

26.00

27.00

35.00

2.00

1.00

program in existence, enter 5. (see instructions)

N

Ν

N

161.10 CORF

161.00

161.10

Health Financial Systems	IU HEALT	H GOSHEN HOSPITAL			In Lie	eu of Form CMS-	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	DATA Provider CCN: 150026		From 01	/01/2012		pared:
						1.00	
Multicampus							
165.00 Is this hospital part of a Multicar	npus hospital that ha	s one or more campuses	in diff	erent CBSAs	? Enter	N	165.00
	Name	County	State	Zip Code	CBSA	FTE/Campus	
		1.00	2.00	3.00	4.00	5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	0 166.00
						1.00	
Health Information Technology (Hi	T) incentive in the	American Recovery a	nd Reinv	estment Ac			
167.00 Is this provider a meaningful user 168.00 If this provider is a CAH (line 10 reasonable cost incurred for the H	Y	167.00 0 168.00					
169.00 If this provider is a meaningful us transition factor. (see instruction	ser (line 167 is "Y")	and is not a CAH (lir	ne 105 is	"N"), ente	r the	1.0	0169.00

3176807519

42.00

43.00

REX.SHERA@EY.COM

41.00

respectively.

by the cost report preparer in columns 1, 2, and 3,

Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.

42.00 | Enter the employer/company name of the cost report preparer. | ERNST & YOUNG

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provider CCN: 150026 Period: Worksheet S-2 From 01/01/2012 Part II Date/Time Prepared: 12/31/2012 5/22/2013 11:41 am Part B Date 4.00 PS&R Data 16.00 was the cost report prepared using the PS&R 04/04/2013 16.00 Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) 17.00 was the cost report prepared using the PS&R 17.00 Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional 18.00 18.00 claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments 19.00 made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions. If line 16 or 17 is yes, were adjustments 20.00 20.00 made to PS&R Report data for Other? Describe the other adjustments: 21.00 was the cost report prepared only using the 21.00 provider's records? If yes, see instructions 3.00 Cost Report Preparer Contact Information Enter the first name, last name and the title/position held PPED 41.00 41.00 by the cost report preparer in columns 1, 2, and 3, respectively. 42.00 Enter the employer/company name of the cost report preparer. 42.00 Enter the telephone number and email address of the cost 43.00 43.00 report preparer in columns 1 and 2, respectively.

Health	Financial Systems IU HEALTH GOSHEN HOS			Non-CMS HFS Wo	
HFS St	upplemental Information F	Provider CCN: 150026	Period: From 01/01/2012 To 12/31/2012	5/22/2013 11:	pared:
P. Staller	Allen Communication of the Com		Title V	Title XIX	
		A STATE OF THE STA	1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of Part I (e.g. net of Physician's component)? Enter Y/N in column 1 follows 2 for Title XIX.) Y	Y	2.00	
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title for Title XIX.	Y Y	Y	3.00	
			Inpatient	Outpatient	
			1.00	2.00	
	CRITICAL ACCESS HOSPITALS			-	l
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hosp reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and for outpatient.	l Y or N in column 2	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Horeimbursed 101% of cost? Enter Y or N in column 1 for inpatient and for outpatient.	ospitals (CAH) being I Y or N in column 2	N	N	5.00
	The state of the s		Title V	Title XIX	
			1.00	2.00	
	RCE DISALLOWANCE	100	16.	2000	
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for		Y	Y	6.00
	PASS THROUGH COST	tam is "O") for		Γ	7.00
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment symmetrished D), parts I through IV? Enter Y/N in column 1 for Title V for Title XIX.	and Y/N in column 2	· ·	,	/.00

 Health Financial Systems
 IU HEALTH CARE COMPLEX STATISTICAL DATA
 OSPITAL In Lieu of Form CMS-2552-10
Provider CCN: 150026 | Period: | Worksheet S-3 | From 01/01/2012 | Part I | To 12/31/2012 | Date/Time Prepared: | Part | | Part

					o 12/31/2012	Date/Time Pre	pared:
						5/22/2013 11: I/P Days / O/P	41 am
	Section 1987 And Section 1987		. 5 - 1			Visits / Trips	
	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	111	40,626	0.00		1.00
	8 exclude Swing Bed, Observation Bed and Hospice days)						
2.00	HMO						2.00
3.00	HMO IPF Subprovider					:	3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	
6.00 7.00	Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation		111	40.636		0	
7.00	beds) (see instructions)		111	40,626	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	C	0.00	_	9.00
10.00 11.00	BURN INTENSIVE CARE UNIT	33.00	0	1	0.00		10.00
12.00	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	34.00	. 0	(0.00	0	11.00
13.00	NURSERY	43.00		*		0	12.00 13.00
14.00	Total (see instructions)		123	45,018	0.00	_	14.00
15.00	CAH visits					0	15.00
16.00 17.00	SUBPROVIDER - IPF SUBPROVIDER - IRF	40.00	0			0	16.00
18.00	SUBPROVIDER - IRF	41.00 42.00	0			0	17.00
19.00	SKILLED NURSING FACILITY	44.00	0		1	0	18.00 19.00
20.00	NURSING FACILITY	45.00	0	1		Ö	20.00
21.00	OTHER LONG TERM CARE	46.00	0	C)		21.00
22.00 23.00	HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.)	101.00				0	22.00
24.00	HOSPICE	115.00 116.00	0	o o			23.00
25.00	CMHC ~ CMHC	99.00	J.			0	Į
25.10	CMHC - CORF	99.10			ļ	0	25.10
26.00	RURAL HEALTH CLINIC	88.00			:	0	26.00
26.25 27.00	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26)	89.00	122			0	26.25
28.00	Observation Bed Days		123			0	27.00 28.00
29.00	Ambulance Trips					·	29.00
30.00	Employee discount days (see instruction)	[30.00
31.00 32.00	Employee discount days - IRF						31.00
33.00	Labor & delivery days (see instructions) LTCH non-covered days						32.00
		I/P Davs	/ O/P Visits	/ Trips	Full Time	Equivalents	33.00
						-9	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
		6.00	7.00	Patients 8.00	& Residents 9.00	Payroll 10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	7,448	1,226	17,637	9.00	10.00	1.00
	8 exclude Swing Bed, Observation Bed and		ŕ	,			
2.00	Hospice days)	1 004	2 427				
3.00	HMO IPF Subprovider	1,984	2,437				2.00 3.00
4.00	HMO IRF Subprovider	o	o				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	o	0			5.00
6.00 7.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	7,448	1,226	17,637			7.00
8.00	INTENSIVE CARE UNIT	878	n	2,205			8.00
9.00	CORONARY CARE UNIT	0	ŏ	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 12.00	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	0	0	0			11.00
13.00	NURSERY		392	2,181			12.00
14.00	Total (see instructions)	8,326	1,618	22,023	0.00	981.10	13.00 14.00
15.00	CAH visits	0	0	0	5.00	301.10	15.00
16.00 17.00	SUBPROVIDER - IPF	0	o	0	0.00	0.00	16.00
18.00	SUBPROVIDER - IRF SUBPROVIDER	0	0	0	0.00	0.00	17.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00 0.00	0.00	18.00
20.00	NURSING FACILITY		0	0	0.00	0.00	19.00 20.00
21.00	OTHER LONG TERM CARE			ŏ	0.00	0.00	
22.00 23.00	HOME HEALTH AGENCY	0	0	10,213	0.00	26.90	22.00
	AMBULATORY SURGICAL CENTER (D.P.) HOSPICE	o			0.00	0.00	23.00
25.00	CMHC - CMHC	0	0	0	0.00	13.00	24.00 25.00
25.10	CMHC - CORF	o	ŏ	0	0.00		25.10
			'	-1	- 41	2.30	

Health Financial Systems IU HE
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150026 | Period: | Worksheet S-3 | Period: | From 01/01/2012 | To 12/31/2012 | Part I | Date/Time Prepared: | 5/22/2013 11:41 am

	(A)	I/P Days	o / O/P Visits	/ Trips	Full Time E	5/22/2013 11:4 quivalents	11 am
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	26.00
26.00	RURAL HEALTH CLINIC	0	0	0		0.00	
	FEDERALLY QUALIFIED HEALTH CENTER	0	o	0	0.00	0.00	
	Total (sum of lines 14-26)		205	1 120	0.00	1,021.00	
	Observation Bed Days		305	1,820			28.00 29.00
	Ambulance Trips	O O		0			30.00
	Employee discount days (see instruction)			0			31.00
	Employee discount days - IRF		170	315			32.00
32.00	Labor & delivery days (see instructions)	0	176	313			33.00
33.00	LTCH non-covered days	Full Time		Disch	arges		33.00
		Equivalents		D.3C.	unges		
	Component	Nonpaid	Title V	Title XVIII	Title XIX	Total All	
		Workers				Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		0	2,173	1,470	7,475	1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)						
2.00	нмо			0			2.00
3.00	HMO IPF Subprovider .						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00 7.00
7.00	Total Adults and Peds. (exclude observation						7.00
0.00	beds) (see instructions)						8.00
8.00 9.00	INTENSIVE CARE UNIT						9.00
	BURN INTENSIVE CARE UNIT						10.00
	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,173	1,470	7,475	14.00
	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	1
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	
18.00	SUBPROVIDER	0.00	0	0	0	0	
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
	OTHER LONG TERM CARE	0.00				0	
	HOME HEALTH AGENCY	0.00					22.00
	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
	HOSPICE	0.00]		25.00
25.00		0.00					25.10
25.10	CMHC - CORF	0.00					26.00
	RURAL HEALTH CLINIC	0.00					26.25
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					27.00
	Total (sum of lines 14-26)	0.00					28.00
28.00	Observation Bed Days						29.00
	Ambulance Trips Employee discount days (see instruction)						30.00
	Employee discount days (see instruction)						31.00
32.00	Labor & delivery days (see instructions)						32.00
	LTCH non-covered days						33.00
33.00	TETCH HOLL COVELED DAYS	1			•		

						From 01/01/2012 To 12/31/2012		pared:
		Worksheet A	Amount	Reclassificati	Adiusted	Paid Hours	5/22/2013 11: Average Hourly	
		Line Number	Reported	on of Salaries		Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	(10) 100	col. 5)	
		1.00	2,00	Worksheet A-6) 3.00	3) 4.00	col. 4 5.00	6.00	
	PART II - WAGE DATA	1.00	2,00	3.00	4.00	3.00	6.00	
	SALARIES							
1.00	Total salaries (see	200.00	60,733,212	0	60,733,21	2,124,480.00	28.59	1.00
2.00	instructions) Non-physician anesthetist Part					0.00		3 00
1	A					0.00	0.00	2.00
3.00	Non-physician anesthetist Part		0	o		0.00	0.00	3.00
4.00	B Physician-Part A -		702 546		700 54	5 - 201 -		
4.00	Administrative		792,546	0	792,54	6 7,204.75	110.00	4.00
4.01	Physicians - Part A - Teaching		0	o		0.00	0.00	4.01
5.00	Physician-Part B		6,590,452	0	6,590,45	2 29,542.75		
6.00 7.00	Non-physician-Part B Interns & residents (in an	31.00	0	0	1	0.00		
7.00	approved program)	21.00		U		0.00	0.00	7.00
7.01	Contracted interns and		0	o		0.00	0.00	7.01
	residents (in an approved							
8.00	programs) Home office personnel		,	,		0.00	0.00	
9.00	SNF	44.00		. 0		0.00		
10.00	Excluded area salaries (see		4,433,105	565,201	4,998,30			
	instructions) OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see		166,760	1 0	166,76	0 2,610.87	63.87	11.00
	instructions)		200,700		100,70	2,010.07	05.87	11.00
12.00	Contract management and administrative services		0	0		0.00	0.00	12.00
13.00	Contract labor: Physician-Part		555,835		555 00	2 610 25	153.06	13.00
	A - Administrative				555,83	5 3,610.25	155.90	13.00
14.00	Home office salaries &		5,355,755	0	5,355,75	5 83,762.00	63.94	14.00
15.00	wage-related costs Home office: Physician Part A -		•					
13.00	Administrative		U	U		0.00	0.00	15.00
16.00	Home office and Contract		0	. 0		0.00	0.00	16.00
	Physicians Part A - Teaching WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst		15,243,666	0	15,243,66	6		17.00
	S-3, Part IV line 24		13,243,000	J	13,243,00	o l		17.00
18.00	Wage-related costs (other)wkst		0	0	(0		18.00
19.00	S-3, Part IV line 25 Excluded areas		1,381,455	0	1 201 45	_		10.00
20.00	Non-physician anesthetist Part		1,361,433	0	1,381,45	0		19.00 20.00
21 00	A		Ť	Ĭ		1		20.00
21.00	Non-physician anesthetist Part		0	0	(0		21.00
22.00	Physician Part A -		246,975	0	246,97	5		22.00
	Administrative		210,575	Ŭ	240,37]		22.00
22.01			0	o	(0		22.01
24.00	Physician Part B Wage-related costs (RHC/FQHC)		2,053,733		2,053,73	3		23.00
25.00	Interns & residents (in an		0	0			ĺ	24.00 25.00
	approved program)				`			23.00
26.00	OVERHEAD COSTS - DIRECT SALARII Employee Benefits		636 551					
27.00	Administrative & General	4.00 5.00	636,564 10,446,481	0 -565,201	,			
28.00	Administrative & General under	3.00	1,077,644	-363,201	9,881,280 1,077,644	1 '		27.00
20.00	contract (see inst.)		-,,	Ĭ	1,0//,0/	3,120.70	114.52	20.00
29.00 30.00	Maintenance & Repairs Operation of Plant	6.00	0	0	(0.00		29.00
31.00	Laundry & Linen Service	7.00 8.00	770,475 32,520	0	770,475		· ·	30.00
32.00	Housekeeping	9.00	912,942	Ö	32,520 912,942			31.00 32.00
33.00	Housekeeping under contract		0	ō	(0.00		33.00
34.00	(see instructions) Dietary	10.00	74 . 56					
35.00	Dietary under contract (see	10.00	714,567	-540,204	174,363			34.00
	instructions)		٥	Ч	•	0.00	0.00	35.00
	Cafeteria	11.00	o	540,204	540,204	47,265.00	11.43	36.00
37.00 38.00	Maintenance of Personnel Nursing Administration	12.00	0	o	(0.00	0.00	37.00
	Central Services and Supply	13.00 14.00	1,412,513 211,671	0	1,412,513 211,671			38.00
40.00	Pharmacy	15.00	1,204,381	0	1,204,381		15.76 36.95	
	Medical Records & Medical	16.00	1,264,484	o	1,264,484			41.00
	Records Library					1		

Health Financial Systems	IU HEALTH GOS	HEN HOSPITAL		In Lieu of Form CMS-2552-10			
HOSPITAL WAGE INDEX INFORMATION			Provider		Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part II Date/Time Prep 5/22/2013 11:4	
	Worksheet A Line Number		Reclassificati on of Salaries (from Worksheet A-6)	Salaries (col.2 ± col	Related to	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
42.00 Social Service	17.00	376,713	0	376,71	15,606.00	24.14	42.00
43 00 Other General Service	18.00		ol o	i	0.00	0.00	43.00

						from 01/01/2012 to 12/31/2012	Part III Date/Time Prep 5/22/2013 11:4	oared: 11 am
		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from	Salaries (col.2 ± col.	Related to Salaries in	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	Worksheet A-6) 3.00	3) 4.00	col. 4	5.00	
<u></u>	PART III - HOSPITAL WAGE INDEX		2.00	3.00	4.00	5.00	6.00	
1.00	Net salaries (see instructions)		55,220,404	0	55,220,404	2,104,364.01	26.24	1.00
2.00	Excluded area salaries (see instructions)		4,433,105	565,201	4,998,306	187,197.00	26.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)		50,787,299	-565,201	50,222,098	1,917,167.01	26.20	3.00
4.00	Subtotal other wages & related costs (see inst.)		6,078,350	0	6,078,350	89,983.12	67.55	4.00
5.00	Subtotal wage-related costs (see inst.)		15,490,641	0	15,490,641	0.00	30.84	5.00
6.00	Total (sum of lines 3 thru 5)		72,356,290	-565,201	71,791,089	2,007,150.13	35.77	6.00
7.00	Total overhead cost (see instructions)		19,060,955		, ,			

Health Financial Systems
HOSPITAL WAGE RELATED COSTS Provider CCN: 150026

		5/22/2013 11:4	11 am
garaja.		Amount	
		Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
00	401K Employer Contributions	653,604	1.
.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.
.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,966,067	3.
.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		_
.00	401K/TSA Plan Administration fees	0	5.
.00	Legal/Accounting/Management Fees-Pension Plan	0	6.
.00	Employee Managed Care Program Administration Fees	0	7.
	HEALTH AND INSURANCE COST		
.00	Health Insurance (Purchased or Self Funded)	10,717,293	8
00	Prescription Drug Plan	0	9
00.0	Dental, Hearing and Vision Plan	324,883	
1.00	Life Insurance (If employee is owner or beneficiary)	-116,322	
2.00	Accident Insurance (If employee is owner or beneficiary)	0	
3.00	Disability Insurance (If employee is owner or beneficiary)	448,281	13
4.00	Long-Term Care Insurance (If employee is owner or beneficiary)	2,678	
5.00	'Workers' Compensation Insurance	270,625	15
6.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non	0	16
	cumulative portion)		
	TAXES		
7.00	FICA-Employers Portion Only	0	17
8.00	Medicare Taxes - Employers Portion Only	3,441,198	
9.00	Unemployment Insurance	60,325	
	State or Federal Unemployment Taxes	0	20
	OTHER		
1.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see	0	21
	instructions))		
2.00		48,245	22
	Tuition Reimbursement	108,953	
	Total wage Related cost (Sum of lines 1 -23)	18,925,830	24
	Part B - Other than Core Related Cost		
5 00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25

18.00 Other

0 18.00

						Hospice I		
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS				200			
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	16,273	0	0	0	1,060	17,333	2.00
3.00	Inpatient Respite Care	67	0	0	0	14	81	3.00
4.00	General Inpatient Care	161	0	0	0	75	236	4.00
5.00	Total Hospice Days	16,501	0	0	0	1,149		
	Part II - CENSUS DATA					,		
6.00	Number of Patients Receiving Hospice Care	319	11	0	0	45	375	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	51.73	0.00	0.00	0.00	25.53	47.07	8.00
9.00	Unduplicated Census Count	314	11	o	o	45	370	9.00

 Health Financial Systems
 IU HEALTH GOSHEN HOSPITAL

 RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 Provide
 Period: Worksheet A From 01/01/2012 To 12/31/2012 Date/Time Prepare Provider CCN: 150026

					o 12/31/2012		
	Cost Center Description	Salaries	Other	Total (col. 1	Reclassificati	5/22/2013 11: Reclassified	41 am
	And the second of the second o			+ col. 2)	ons (See A-6)	Trial Balance	
				4 197	2000 00 00 00 00 00 00 00 00 00 00 00 00	(col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT		11,285,951	11,285,951	-5,605,632	5.680.319	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		11,263,931	11,203,931	6,979,988	, ,	
3.00	00300 OTHER CAP REL COSTS		C	o c	0	0	3.00
4.00 5.01	00400 EMPLOYEE BENEFITS	636,564			1		
5.02	00550 CASHIERING/ACCOUNTS RECEIVABLE 00560 OTHER ADMINISTRATIVE AND GENERAL	751,884 9,694,597				1,518,970 36,160,309	
6.00	00600 MAINTENANCE & REPAIRS	0	C C	0	0	0	
7.00	00700 OPERATION OF PLANT	770,475				3,019,182	
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	32,520 912,942				443,407 1,335,264	8.00 9.00
10.00	01000 DIETARY	714,567	1,037,303		i .	_,,	
11.00	01100 CAFETERIA	0	C) , , , ,	1,324,392		11.00
12.00 13.00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	1 412 512	205 673	1 610 106	0	1 617 017	
14.00	01400 CENTRAL SERVICES & SUPPLY	1,412,513				, ,	I
15.00	01500 PHARMACY	1,204,381					I
16.00	01600 MEDICAL RECORDS & LIBRARY	1,264,484					
17.00 18.00	01700 SOCIAL SERVICE 01850 OTHER GENERAL SERVICE (SPECIFY)	376,713	16,181	392,894	0	392,894 · 0	17.00 18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	ŏ	0		ő	0	19.00
20.00	02000 NURSING SCHOOL	0	O	0	0	0	20.00
21.00 22.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0	0	21.00
23.00	02300 PARAMED ED PRGM	0	0		217,508	217,508	22.00 23.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS		=				
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	6,118,535					30.00
32.00	03200 CORONARY CARE UNIT	1,441,001	273,805	1,714,806	-202,768	1,512,038	31.00 32.00
33.00	03300 BURN INTENSIVE CARE UNIT	ō	Ö	Ö	ŏ	ő	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 41.00	04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF	0	0	0	0	. 0	40.00 41.00
42.00	04200 SUBPROVIDER	0	0		O	0	42.00
43.00	04300 NURSERY	2,549,208	578,270	3,127,478	-2,853,360	274,118	
44.00 45.00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	45.00 46.00
	ANCILLARY SERVICE COST CENTERS		10.5				,0.00
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	4,315,745	14,254,151			7,197,104	
52.00	05200 DELIVERY ROOM & LABOR ROOM	475,468	79,035 0	554,503	-60,965 1,468,777	493,538 1,468,777	
53.00	05300 ANESTHESIOLOGY	o	Ö	Ŏ	0	0	
53.01 54.00	05301 PAIN MANAGEMENT	888,119	731,414			1,612,933	53.01
55.00	05400 RADIOLOGY-DIAGNOSTIC 05500 RADIOLOGY-THERAPEUTIC	12,612,353 84,524	24,903,191 3,427		-13,071,717 -358	24,443,827 87,593	54.00 55.00
56.00	05600 RADIOISOTOPE	0	0	0,331	0	0, 393	56.00
56.01	05601 CARDIAC CATH LAB	909,482	2,722,464	3,631,946	-2,276,106	1,355,840	56.01
58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION		0	Ö	0	0	58.00 59.00
60.00	06000 LABORATORY	2,452,478	3,255,021	5,707,499	-856,609	4,850,890	60.00
60.01 61.00	06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	61.00 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	Ö	ő	ŏ	ŏ	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 66.00	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	1,102,589 1,690,328	179,259 348,788		-30,733	1,251,115	65.00
67.00	06700 OCCUPATIONAL THERAPY	407,431	15,149		-10,444 -3,689	2,028,672 418,891	66.00 67.00
68.00	06800 SPEECH PATHOLOGY	296,082	16,110		-3,635	308,557	68.00
69.00 70.00	06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY	72,548	81,687	154,235	-2,317	151,918	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	ا	O O	0	0 6,227,858	0 6,227,858	70.00 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	o	0	0	10,511,865	10,511,865	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	o	17,533,146	17,533,146	73.00
74.00 75.00	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS	<u> </u>	U	0	0	0	75.00
88.00	08800 RURAL HEALTH CLINIC	0	0		0	0	88.00
89.00 90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	262 221	110 621	·	0	275 527	89.00
	22000 CETUIC	262,231	118,631	380,862	-5,325	375,537	90.00

0

0

162,166

7,520,248

1,512,038

n

0

-55,342

21.00

22.00

23.00

30.00

31.00

02000 NURSING SCHOOL

02300 PARAMED ED PRGM

31.00 03100 INTENSIVE CARE UNIT

03000 ADULTS & PEDIATRICS

02100 I&R SERVICES-SALARY & FRINGES APPRVD

02200 I&R SERVICES-OTHER PRGM COSTS APPRVD

INPATIENT ROUTINE SERVICE COST CENTERS

20.00

21.00

22.00

23.00

30.00

 Health Financial Systems
 IU HEALT

 RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

| Period: | Worksheet A | From 01/01/2012 | To 12/31/2012 | Date/Time Prepared:

79914790474-61				To 12/31/2012 Date/Time Pro 5/22/2013 11	
	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
32.00	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	C		2	32.00
	03400 SURGICAL INTENSIVE CARE UNIT	C		0	33.00
40.00	04000 SUBPROVIDER - IPF				34.00
41.00	04100 SUBPROVIDER - IRF	C		D	41.00
	04200 SUBPROVIDER	C) ()	42.00
44.00	04300 NURSERY 04400 SKILLED NURSING FACILITY		274,118	3	43.00
	04500 NURSING FACILITY				44.00
46.00	04600 OTHER LONG TERM CARE	C	(46.00
50.00	ANCILLARY SERVICE COST CENTERS			A CONTRACTOR OF THE PARTY OF TH	
51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	.,,		50.00
	05200 DELIVERY ROOM & LABOR ROOM		493,538 1,468,777	1	51.00 52.00
53.00	05300 ANESTHESIOLOGY	Ö	2,700,777		53.00
	05301 PAIN MANAGEMENT	-1,408,810	1		53.01
54.00 55.00	05400 RADIOLOGY-DIAGNOSTIC 05500 RADIOLOGY-THERAPEUTIC	-6,785,775	1		54.00
56.00	05600 RADIOISOTOPE	0	87,593		55.00
	05601 CARDIAC CATH LAB	Ö	1,355,840		56.01
57.00	05700 CT SCAN	0	C		57.00
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	0			58.00
	06000 LABORATORY	-851,906	3,998,984	J 1	59.00
60.01	06001 BLOOD LABORATORY	031,300	3,330,304		60.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	C)	61.00
62.00 63.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS.	0	C		62.00
	06400 INTRAVENOUS THERAPY	0)	63.00
65.00	06500 RESPIRATORY THERAPY	ő	1,251,115		64.00
66.00	06600 PHYSICAL THERAPY	-55	2,028,617		66.00
	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0	418,891		67.00
	06900 ELECTROCARDIOLOGY	0	308,557 151,918		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	ő	131,310		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,227,858		71.00
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	10,511,865		72.00
	07400 RENAL DIALYSIS	0	17,533,146		73.00
	07500 ASC (NON-DISTINCT PART)	Ö			74.00
00.00	OUTPATIENT SERVICE COST CENTERS] /3:00
88.00 89.00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		88.00
90.00	09000 CLINIC	-5,527	370,010		89.00
90.01	09001 WOMEN'S CENTER	0,327	370,010		90.00
	09002 WOUND CLINIC	-6,007	1,240,905		90.02
90.03 91.00	09003 MOBILE CLINIC 09100 EMERGENCY	0	490,538		90.03
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	O	2,520,281		91.00
	OTHER REIMBURSABLE COST CENTERS				92.00
	09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 96.00	09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0		97.00 98.00
99.00	09900 CMHC	o	ŏ		99.00
99.10	09910 CORF	0	0		99.10
101.00	10000 I&R SERVICES-NOT APPRVD PRGM 10100 HOME HEALTH AGENCY	0	1 774 773		100.00
	SPECIAL PURPOSE COST CENTERS	U	1,774,772	I 「福」(JEVI) (And I	101.00
105.00	10500 KIDNEY ACQUISITION	0	0	Committee Commit	105.00
106.00	10600 HEART ACQUISITION	0	0		106.00
108.00	10700 LIVER ACQUISITION 10800 LUNG ACQUISITION	0	0		107.00
109.00	10900 PANCREAS ACQUISITION	0	O.		108.00
110.00	11000 INTESTINAL ACQUISITION	Ö	ő		110.00
111.00	11100 ISLET ACQUISITION	О	o		111.00
114.00	11300 INTEREST EXPENSE 11400 UTILIZATION REVIEW-SNF	0	0		113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		114.00
116.00	11600 HOSPICE	ő	1,254,774		115.00 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-18,429,130	158,896,311		118.00
190.00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1 240 7:5		1
	COFFEE SHUP & CANTEEN	0	1,340,747		190.00

Provider CCN: 150026 | Period: From 01/01/2012

Period: From 01/01/2012 To 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am

			5/22/2013 11:41 am
Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	664,550	
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.02
190.03 19003 LIFELINE	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	6,409,779	
190.05 19005 PRIVATE DUTY	0	-1	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	1,271,470	
190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.07
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	193.00
200.00 TOTAL (SUM OF LINES 118-199)	-18,429,130	168,582,856	200.00

Health Financial Systems
COST CENTERS USED IN COST REPORT

Provider CCN: 150026

Period: Worksheet Non-CMS WG From 01/01/2012 To 12/31/2012 Date/Time Prepared:

				me Prepare 13 11:41 a
	Cost Center Description	CMS Code	Standard Label Fo	r
			Non-Standard Code	S
	GENERAL SERVICE COST CENTERS	1.00	2.00	
.00	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT	00100		
.00	CAP REL COSTS-MVBLE EQUIP	00200		2
.00 .00	OTHER CAP REL COSTS	00300		3
.00	EMPLOYEE BENEFITS CASHIERING/ACCOUNTS RECEIVABLE	00400 00550		4
.02	OTHER ADMINISTRATIVE AND GENERAL	00560		5
.00	MAINTENANCE & REPAIRS	00600		6
.00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	00700		7
.00	HOUSEKEEPING	00800		8
	DIETARY	01000		10
	CAFETERIA	01100		11
	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	01200 01300		12
	CENTRAL SERVICES & SUPPLY	01400		13
5.00	PHARMACY	01500		15
	MEDICAL RECORDS & LIBRARY	01600		16
	SOCIAL SERVICE OTHER GENERAL SERVICE (SPECIFY)	01700 01850		17
9.00	NONPHYSICIAN ANESTHETISTS	01900		19
1	NURSING SCHOOL	02000		20
	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD	02100		21
	PARAMED ED PRGM	02200 02300		22
	INPATIENT ROUTINE SERVICE COST CENTERS	1 02300	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	ADULTS & PEDIATRICS	03000		30
	INTENSIVE CARE UNIT CORONARY CARE UNIT	03100		31
	BURN INTENSIVE CARE UNIT	03200 03300		32
	SURGICAL INTENSIVE CARE UNIT	03400		34
1	SUBPROVIDER - IPF	04000		40
	SUBPROVIDER - IRF SUBPROVIDER	04100 04200		41
- 4	NURSERY	04300		42
	SKILLED NURSING FACILITY	04400		44
	NURSING FACILITY OTHER LONG TERM CARE	04500		45
	ANCILLARY SERVICE COST CENTERS	04600		46
0.00	OPERATING ROOM	05000		50
	RECOVERY ROOM	05100		51
	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	05200		52
	PAIN MANAGEMENT	05300 05301		53 53
	RADIOLOGY-DIAGNOSTIC	05400		54
	RADIOLOGY-THERAPEUTIC	05500		55
	RADIOISOTOPE CARDIAC CATH LAB	05600		56
	CT SCAN	05601 05700		56 57
.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58
	CARDIAC CATHETERIZATION LABORATORY	05900		59
	BLOOD LABORATORY	06000		60
.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06001 06100	·	60
.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62
	BLOOD STORING, PROCESSING & TRANS.	06300		63
	INTRAVENOUS THERAPY RESPIRATORY THERAPY	06400		64
	PHYSICAL THERAPY	06500 06600		65
.00	OCCUPATIONAL THERAPY	06700		67
	SPEECH PATHOLOGY	06800		68
	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	06900		69
	MEDICAL SUPPLIES CHARGED TO PATIENTS	07000 07100		70 71
				72
.00	IMPL. DEV. CHARGED TO PATIENTS	07200		11 14
.00	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	07300		73
.00 .00 .00	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	07300 07400		73 74
.00 .00 .00 .00	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	07300 07400 07500		73
.00 .00 .00 .00	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART)	07300 07400 07500		73 74

IU HEALTH GOSHEN HOSPITAL

In Lieu of Form CMS-2552-10 Worksheet Non-CMS Wo

Health Financial Systems
COST CENTERS USED IN COST REPORT Provider CCN: 150026 | Period: | Worksheet Non-CMS Wife | From 01/01/2012 | To 12/31/2012 | Date/Time Prepared:

			То	12/31/2012	5/22/2013	Prepared: 11:41 am
	Cost Center Description	CMS Code		Standard	Label For	
				Non-Stand	ard Codes	
		1.00		2.	00	
90.01	WOMEN'S CENTER	09001				90.01
90.02	WOUND CLINIC	09002				90.02
90.03	MOBILE CLINIC	09003				90.03
91.00	EMERGENCY	09100				91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200				92.00
	OTHER REIMBURSABLE COST CENTERS				1.0	
94.00	HOME PROGRAM DIALYSIS	09400				94.00
95.00	AMBULANCE SERVICES	09500				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600				96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700				97.00
	OTHER REIMBURSABLE COST CENTERS	05950				98.00
99.00		09900				99.00
99.10		09910				99.10
	I&R SERVICES-NOT APPRVD PRGM	10000				100.00
	HOME HEALTH AGENCY	10100				101.00
101.00	SPECIAL PURPOSE COST CENTERS					
105 00	KIDNEY ACQUISITION	10500	T			105.00
	HEART ACQUISITION	10600				106.00
	LIVER ACQUISITION	10700				107.00
	LUNG ACQUISITION	10800				108.00
	PANCREAS ACQUISITION	10900	İ			109.00
	INTESTINAL ACQUISITION	11000				110.00
	ISLET ACQUISITION	11100				111.00
	INTEREST EXPENSE	11300				113.00
	UTILIZATION REVIEW-SNF	11400				114.00
	AMBULATORY SURGICAL CENTER (D.P.)	11500				115.00
	HOSPICE	11600				116.00
	SUBTOTALS (SUM OF LINES 1-117)	22000				118.00
110.00	NONREIMBURSABLE COST CENTERS					
100 00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000				190.00
	OTHER NR/CHP-GRANT I/COMMUNITY ED	19001				190.01
		19002				190.02
	GIFT, FLOWER, COFFEE SHOP, & CANTEEN LIFELINE	19003				190.03
		19003				190.04
	COMMUNITY RELATIONS	19005				190.05
	PRIVATE DUTY	19005				190.06
	PROFESSIONAL DEVELOPMENT	19008				190.07
	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19100				191.00
	RESEARCH	19200				192.00
	PHYSICIANS' PRIVATE OFFICES	19300				193.00
	NONPAID WORKERS	19300				200.00
200.00	TOTAL (SUM OF LINES 118-199)	1	1			11200.00

RECLASSIFICATIONS

Provider CCN: 150026

Period: Worksheet A-6 From 01/01/2012 To 12/31/2012 Date/Time Prepared:

					5/22/2013 11	
	37.25	Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES			100 miles (100)		
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	81,289		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,825		2.00
3.00	MEDICAL SUPPLIES CHARGED TO	71.00	0			1
3.00	PATIENTS	71.00	U	6,227,742		3.00
4.00	IMPL. DEV. CHARGED TO	72.00	0	10,511,865		4.00
	PATIENTS					
5.00	OTHER NR/CHP-GRANT	190.01	0	125		5.00
7 00	I/COMMUNITY ED					
7.00		0.00	0			7.00
8.00		0.00	0	_		8.00
9.00		0.00	0			9.00
10.00		0.00	0	C) .	10.00
11.00		0.00	0	0)	11.00
12.00		0.00	0	l o		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	Ō	_		15.00
16.00		0.00	0	Ö		16.00
17.00		0.00	0	1	ł	
18.00		0.00	0			17.00
19.00		0.00	0			18.00
20.00			•	. 0		19.00
21.00		0.00	0	0		20.00
		0.00	0	, -		21.00
22.00		0.00	0	_		22.00
23.00		0.00	0			23.00
24.00		0.00	0			24.00
25.00		0.00	. 0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
32.00		0.00	0	0		32.00
	TOTALS		0	16,822,846		
1 00	B - PHARMACY					
1.00	OTHER ADMINISTRATIVE AND	5.02	0	1		1.00
2 00	GENERAL					
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,533,145		2.00
3.00	·	0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
12.00		0.00	o	Ö		12.00
13.00		0.00	o			13.00
14.00		0.00	ŏ	ő	l .	14.00
15.00		0.00	ŏ	0		15.00
16.00		0.00	. 0	0		
17.00		0.00	0	0		16.00
	TOTALS		0	17,533,146		17.00
	C - DIETARY		U	11,000,140		-
1.00	CAFETERIA	11.00	540,204	784,188		1
	TOTALS		540,204			1.00
	D - CAPITAL INSURANCE		540,204	784,188		1
1.00	OTHER ADMINISTRATIVE AND		<u></u>	110 540	1 A A B	
1.00	GENERAL	5.02	o	110,548		1.00
2.00	CAP REL COSTS-BLDG & FIXT	3.00	ړ	3.5 4		1 _
3.00	CAL KET COSIS-REDG & HIXL	1.00	0	25,178		2.00
4.00	EMPLOYEE BENEETTS	0.00	0	0		3.00
	EMPLOYEE BENEFITS	4.00	0	278,581		4.00
5.00	OTHER ADMINISTRATIVE AND	5.02	o	812,663		5.00
	GENERAL		i i			1

145,738

1,375,789

1,964,383

1,964,383

3,081

0

ō

0

0

TOTALS

GENERAL TOTALS

GENERAL
CAP REL COSTS-MVBLE EQUIP

OTHER ADMINISTRATIVE AND

E - CAPITAL INTEREST

CAP REL COSTS-BLDG & FIXT

2.00

5.02

1.00

0.00

6.00

7.00

1.00 2.00

6.00

7.00

1.00

2.00

| DESTITAL | Provider CCN: 150026 | Period: | Worksheet A-6 | | From 01/01/2012 | To 12/31/2012 | Date/Time Prepared: | S/22/2013 11:41 am

					5/22/2013 11:	41 am
		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - CAPITAL DEPRECIATION	da artista i			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,976,907		1.00
2.00		0.00	0	0		2.00
	TOTALS			6,976,907		
	G - CIRCLE OF CARE					
1.00	ADULTS & PEDIATRICS	30.00	1,006,173	130,323		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,300,351	168,426		2.00
	TOTALS		2,306,524	298,749		
	H - COMMUNITY HEALTH					
1.00	COMMUNITY RELATIONS	190.04	565,201	246,315		1.00
2.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	116		2.00
	PATIENTS					
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1		3.00
	TOTALS		565,201	246,432		
	I - EMT	(X)				
1.00	PARAMED ED PRGM	23.00	118,119	99,389		1.00
	TOTALS		118,119	99,389		
500.00	Grand Total: Increases		3,530,048	46,101,829		500.00

	Financial Systems SIFICATIONS		IU HEALTH GOS		CCN: 150026	Period:	worksheet A-	
						From 01/01/2012 To 12/31/2012	Date/Time Pro	
	1 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Decreases					5/22/2013 11	:41 am
	Cost Center	Line#	Salary	Other	Wkst. A-7 Ref			
<u> </u>	6.00	7.00	8.00	9.00	10.00			
1.00	A - SUPPLIES EMPLOYEE BENEFITS	4.00	0	608		0		1 00
2.00	OPERATION OF PLANT	7.00	0			0		1.00 2.00
3.00	HOUSEKEEPING	9.00	0			ŏ		3.00
4.00	DIETARY	10.00	0	9,576		0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	269		0		5.00
7.00	PHARMACY	15.00	0	,		0		7.00
8.00 9.00	MEDICAL RECORDS & LIBRARY ADULTS & PEDIATRICS	16.00	0			0		8.00
10.00	INTENSIVE CARE UNIT	30.00 31.00	0	,		0		9.00
11.00	NURSERY	43.00	0	248,087		o o		10.00
12.00	OPERATING ROOM	50.00	Ö	11,372,760		ŏ		12.00
13.00	RECOVERY ROOM	51.00	0	60,965		0		13.00
14.00	PAIN MANAGEMENT	53.01	0	706		0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	663,872		0		15.00
16.00 17.00	RADIOLOGY-THERAPEUTIC CARDIAC CATH LAB	55.00	0	358	I .	0		16.00
18.00	LABORATORY	56.01 60.00	0	2,274,591 856,542		0		17.00
19.00	RESPIRATORY THERAPY	65.00	0	30,733		0		18.00 19.00
20.00	PHYSICAL THERAPY	66.00	0	7,085		D.		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	3,689		o		21.00
22.00	SPEECH PATHOLOGY	68.00	0	3,635		O		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,845	1	o		23.00
24.00 25.00	CLINIC	90.00	0	5,325	1	0		24.00
26.00	WOUND CLINIC MOBILE CLINIC	90.02	0	234,044		0		25.00
27.00	EMERGENCY	90.03 91.00	0	550 302,941		3		26.00
28.00	HOME HEALTH AGENCY	101.00	0	9,777				27.00
29.00	HOSPICE	116.00	ŏ	35,193		ó		29.00
30.00	GIFT, FLOWER, COFFEE SHOP &	190.00	o	932		ő		30.00
. 22	CANTEEN							
32.00	COMMUNITY RELATIONS	190.04	0			ַלַ		32.00
	TOTALS B - PHARMACY		0	16,822,846				
1.00	EMPLOYEE BENEFITS	4.00	0	19,028)		1.00
2.00		0.00	ő	0,020				2.00
3.00	HOUSEKEEPING	9.00	0	26		ó		3.00
4.00	PHARMACY	15.00	o	5,615,323	(4.00
5.00	OPERATING ROOM	50.00	0	32	(o		5.00
6.00 7.00	PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC	53.01	0	5,894	(6.00
8.00	CARDIAC CATH LAB	54.00 56.01	0	11,650,342	(1		7.00
9.00	LABORATORY	60.00	0	1,515 67	(8.00 9.00
10.00	PHYSICAL THERAPY	66.00	o	3,359	ì	1		10.00
12.00	ELECTROCARDIOLOGY	69.00	o	472	Ò	6		12.00
13.00	WOUND CLINIC	90.02	0	4,066	(13.00
14.00	MOBILE CLINIC	90.03	0	39,783	(14.00
15.00 16.00	HOME HEALTH AGENCY	101.00	0	2,718	(15.00
17.00	GIFT, FLOWER, COFFEE SHOP &	116.00 190.00	0	190,516	(2		16.00
	CANTEEN	130.00	U	5	,	1		17.00
	TOTALS		0	17,533,146		1		
1 00	C - DIETARY			A44				
1.00	DIETARY	10.00	540,204	784,188	(1.00
	TOTALS D - CAPITAL INSURANCE		540,204	784,188				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	135,727		ı.		1 00
2.00	22.10.105126	0.00	0	133,727	12			1.00 2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	ő	278,581	12			3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	812,663	12			4.00
5.00	CAP REL COSTS-BLDG & FIXT	1.00	o	148,818	12			5.00
6.00	·	0.00	0	0	. 12			6.00
7.00	TOTALS		0	0		4		7.00
	E - CAPITAL INTEREST		0	1,375,789				
1.00	1	0.00	0	0	11	<u>-</u>		1.00
	INTEREST EXPENSE	113.00	0	1,964,383	11		İ	2.00
	TOTALS		Ö	1,964,383	~ ~			2.00
1 00	F - CAPITAL DEPRECIATION	4						
1.00 2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,355,131	9			1.00
	RADIOLOGY-DIAGNOSTIC TOTALS	54.00	0	6,976,907	0		j	2.00
		1	O _l	0,3/0,30/		I	1	

Provider CCN: 150026

Period: worksheet A-6 From 01/01/2012 To 12/31/2012 Date/Time Prepared: 5/27/2013 11:41 am

						5/22/2013 11	:41 am
		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - CIRCLE OF CARE						4
1.00	NURSERY	43.00	2,306,524	298,749	()	1.00
2.00		0.00	0	0	(<u> </u>	2.00
	TOTALS		2,306,524	298,749			
	H - COMMUNITY HEALTH						
1.00	OTHER ADMINISTRATIVE AND	5.02	565,201	246,432	(D	1.00
	GENERAL						
2.00		0.00	O	0) (0	2.00
3.00		0.00	0	0		D	3.00
	TOTALS		565,201	246,432			
	I - EMT						
1.00	COMMUNITY RELATIONS	190.04	118,119	99,389	()	1.00
	TOTALS		118,119	99,389			
500.00	Grand Total: Decreases		3,530,048	46,101,829			500.00

RECLASSIFICATIONS

Provider CCN: 150026 | Period: | From 01/01/201

Period: Worksheet A-6
From 01/01/2012 Non-CMS Worksheet
To 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am

	Tagao	2000				5/22/2013 11:	:41 am
	Incre Cost Center	uses Line#	Salary	Cost Center	eases Line #	Salary	
	2,00	3.00	4.00	6.00	7.00	8.00	
	A - SUPPLIES			19. A.			
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02		0 EMPLOYEE BENEFITS	4.00	C	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		OOPERATION OF PLANT	7.00	C	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0HOUSEKEEPING	9.00		1
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0 DIETARY	10.00	C	4.00
5.00	OTHER NR/CHP-GRANT I/COMMUNITY ED	190.01		ONURSING ADMINISTRATION	13.00	C	5.00
7.00		0.00		0 PHARMACY	15.00		7.00
8.00		0.00		O MEDICAL RECORDS & LIBRARY	16.00	o	
9.00		0.00		0 ADULTS & PEDIATRICS	30.00	0	9.00
10.00		0.00		0 INTENSIVE CARE UNIT	31.00		10.00
11.00 12.00		0.00		ONURSERY	43.00	į.	
13.00		0.00		OOPERATING ROOM	50.00	0	
14.00		0.00		0 RECOVERY ROOM	51.00	0	13.00
15.00		0.00 0.00		OPAIN MANAGEMENT	53.01	0	
16.00		0.00		ORADIOLOGY-DIAGNOSTIC ORADIOLOGY-THERAPEUTIC	54.00	0	15.00
17.00		0.00		OCARDIAC CATH LAB	55.00 56.01	0	
18.00		0.00		OLABORATORY	60.00	0	
19.00		0.00		ORESPIRATORY THERAPY	65.00	0	
20.00		0.00		OPHYSICAL THERAPY	66.00	ő	
21.00		0.00		OCCUPATIONAL THERAPY	67.00	Ö	
22.00		0.00		O SPEECH PATHOLOGY	68.00	Ö	
23.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	23.00
24.00		0.00		0 CLINIC	90.00	0	24.00
25.00		0.00		0 WOUND CLINIC	90.02	0	25.00
26.00		0.00		OMOBILE CLINIC	90.03	0	26.00
27.00 28.00		0.00		0 EMERGENCY	91.00	0	
29.00		0.00		OHOME HEALTH AGENCY	101.00	0	
30.00		0.00		OHOSPICE	116.00	0	
30.00		0.00	'	OGIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	30.00
32.00		0.00		OCOMMUNITY RELATIONS	190.04	0	32.00
	TOTALS			O TOTALS	130.04	— — <u> </u>	-
	B - PHARMACY			199		•	
1.00	OTHER ADMINISTRATIVE AND	5.02		OEMPLOYEE BENEFITS	4.00	0	1.00
2 00	GENERAL						1
2.00 3.00	DRUGS CHARGED TO PATIENTS	73.00		0	0.00	0	
4.00		0.00		0HOUSEKEEPING	9.00	0	
5.00		0.00		0 PHARMACY	15.00	0	
6.00		0.00		OPERATING ROOM	50.00	0	
7.00		0.00		OPAIN MANAGEMENT ORADIOLOGY-DIAGNOSTIC	53.01 54.00	0	1
8.00		0.00		OCARDIAC CATH LAB	56.01	0	8.00
9.00		0.00		OLABORATORY	60.00	0	9.00
10.00		0.00		PHYSICAL THERAPY	66.00	ŏ	10.00
12.00		0.00		DELECTROCARDIOLOGY	69.00	ő	12.00
13.00		0.00	(WOUND CLINIC	90.02	Õ	1
14.00		0.00		MOBILE CLINIC .	90.03	0	
15.00		0.00		HOME HEALTH AGENCY	101.00	0	15.00
16.00		0.00		HOSPICE	116.00	0	16.00
17.00		0.00	(GIFT, FLOWER, COFFEE SHOP &	190.00	0	17.00
	TOTALS	+		CANTEEN	 		
			· · ·	TOTALS		0	
1.00	CAFETERIA	11.00	540 20	DIETARY	10.00	540,204	1.00
	TOTALS	===		TOTALS		540,204	1.00
	D - CAPITAL INSURANCE		,		1.6	310,204	
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	(RADIOLOGY-DIAGNOSTIC	54.00	0	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	,		0.00	_	3.00
3.00	The state of the s	0.00	(CAP REL COSTS-BLDG & FIXT	0.00	0	2.00
4.00	EMPLOYEE BENEFITS	4.00		CAP REL COSTS-BLDG & FIXT	1.00 1.00	0	3.00 4.00
5.00	OTHER ADMINISTRATIVE AND	5.02		CAP REL COSTS-BLDG & FIXT	1.00	0	5.00
	GENERAL	3.02	,	THE COSTS BEDG W FIXT	1.00	٩	3.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	(0.00	o	6.00
7.00	OTHER ADMINISTRATIVE AND	5.02	Č		0.00	ŏ	7.00
	GENERAL						
	TOTALS		(TOTALS	· 1	o	

Provider CCN: 150026

In Lieu of Form CMS-2552-10

Period: Worksheet A-6
From 01/01/2012 Non-CMS Worksheet
To 12/31/2012 Date/Time Prepared:
5/22/2013 11:41 am

						<u>5/22/2013 11:4</u>	1 am
	Increa	ases		Decr	eases		
2001	Cost Center	Line #	Salary	Cost Center	Line#	Salary	
	2.00	3.00	4.00	6.00	7.00	8,00	
,,	E - CAPITAL INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	0.00	0	1.00
2.00		0.00		0 INTEREST EXPENSE	113.00	0	2.00
	TOTALS			0 TOTALS		0	
	F - CAPITAL DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00		0.00		O RADIOLOGY - DIAGNOSTIC	54.00	0	2.00
	TOTALS			0 TOTALS		0	
	G - CIRCLE OF CARE						
1.00	ADULTS & PEDIATRICS	30.00	1,006,17	3 NURSERY	43.00	2,306,524	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,300,3	51	0.00	0	2.00
	TOTALS		2,306,52	24 TOTALS		2,306,524	
	H - COMMUNITY HEALTH						
1.00	COMMUNITY RELATIONS	190.04	565,20	OTHER ADMINISTRATIVE AND GENERAL	5.02	565,201	1.00
2.00	MEDICAL SUPPLIES CHARGED TO	71.00		o	0.00	0	2.00
	PATIENTS						
3.00	DRUGS CHARGED TO PATIENTS	73.00		0	0.00	0	3.00
	TOTALS		565,20)1 TOTALS		565,201	
	I - EMT			7.46			
1.00	PARAMED ED PRGM	23.00		L9 COMMUNITY RELATIONS	190.04	118,119	1.00
	TOTALS			L9 TOTALS	_	118,119	
500.00	Grand Total: Increases		3,530,04	18 Grand Total: Decreases	1	3,530,048	500.00

8.00

9.00

10.00

Subtotal (sum of lines 1-7)

Total (line 8 minus line 9)

Reconciling Items

8.00

9.00

10.00

RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 150026 Period: Worksheet A-7 From 01/01/2012 To 12/31/2012 Part I
Date/Time Prepared: 5/22/2013 11:41 am Acquisitions Beginning Purchases Donation Total Disposals and Balances Retirements 1.00 2.00 3.00 4.00 5.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 3,883,887 1.00 2.00 Land Improvements 2,988,795 0 2.00 Buildings and Fixtures 3.00 87,296,196 9,598,557 9,598,557 0 3.00 Building Improvements 4.00 113,748 4.00 5.00 Fixed Equipment 9,537,079 2,150,885 2,150,885 7,612 5.00 6.00 Movable Equipment 85,712,715 7,190,604 7,190,604 1,840,101 6.00 7.00 HIT designated Assets 0 7.00 0 8.00 Subtotal (sum of lines 1-7) 189,532,420 18,940,046 18,940,046 1,847,713 0 8.00 9.00 Reconciling Items 9.00 10.00 Total (line 8 minus line 9) 189,532,420 18,940,046 18,940,046 1,847,713 10.00 Ending Balance Fully Depreciated Assets 6.00 7.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 3,883,887 1.00 2.00 Land Improvements 2,988,795 227,424 2.00 3.00 Buildings and Fixtures 96,894,753 7,162,505 3.00 4.00 Building Improvements 113,748 76,800 4.00 5.00 Fixed Equipment 11,680,352 3,517,908 5.00 6.00 Movable Equipment 91,063,218 48,413,227 6.00 7.00 HIT designated Assets 7.00

206,624,753

206,624,753

59,397,864

59,397,864

Total (sum of lines 1-2)

	Financial Systems	IU HEALTH GOS	HEN HOSPITAL	15000		eu of Form CMS-	2552-
ECON	CILIATION OF CAPITAL COSTS CENTERS		Provider	CCN: 150026	Period: From 01/01/2012 To 12/31/2012	Worksheet A-7 Part III Date/Time Pre 5/22/2013 11:4	pared 41 am
		COM	PUTATION OF RA	T10S	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
	6.0	1.00	2.00	3.00	4.00	5.00	
00	PART III - RECONCILIATION OF CAPITAL C						
00	CAP REL COSTS-BLDG & FIXT	115,561,534		115,561,5		0	1.0
.00	CAP REL COSTS-MVBLE EQUIP	91,063,218		91,063,2		0	2.0
.00	Total (sum of lines 1-2)	206,624,752	 	206,624,75		0	3.
		ALLOCA	ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL				
	Cost Center Description	Taxes	Other Capital-Relate d Costs	Total (sum o cols. 5 through 7)	f Depreciation	Lease	
	A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A	6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL C	OSTS CENTERS					
.00	CAP REL COSTS-BLDG & FIXT	0	C		0 4,076,106	0	1.
.00	CAP REL COSTS-MVBLE EQUIP	O	o)	0 7,485,012	0	2.
.00	Total (sum of lines 1-2)	0	i o)	0 11,561,118	0	3.
			S	UMMARY OF CAPI			
	Cost Center Description	Interest	Insurance (see instructions)		Other) Capital-Relate d Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL C	OSTS CENTERS					
.00	CAP REL COSTS-BLDG & FIXT	2,341,748	-1,214,884		0 0	5,202,970	1.
.00	CAP REL COSTS-MVBLE EQUIP	-1,079,437	3,081		ol o	6,408,656	2.
.00	Total (sum of lines 1-2)	1,262,311				11,611,626	3.

Provider CCN: 150026

					то 12/31/2012	Date/Time Prep 5/22/2013 11:4	
				Expense Classification			
				To/From Which the Amount i	s to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
	vestment income - CAP REL	В	-1,369,832	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
	STS-BLDG & FIXT (chapter 2) vestment income - CAP REL	В	-1.079.437	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
COS	STS-MVBLE EQUIP (chapter 2)		_,,		0.00		3.00
	vestment income - other napter 2)		0	9	0.00	0	3.00
	ade, quantity, and time	В	-76,806	OTHER ADMINISTRATIVE AND	5.02	0	4.00
	counts (chapter 8)		co. 201	GENERAL	r 03	0	5.00
	funds and rebates of expenses napter 8)	В	-601,281	OTHER ADMINISTRATIVE AND GENERAL	5.02		3.00
	ntal of provider space by	В	-854,714	CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
	ppliers (chapter 8)				0.00	0	7.00
	lephone services (pay ations excluded) (chapter 21)		U	,	0.00	J	7.00
8.00 Tel	levision and radio service		0		0.00	0	8.00
	napter 21) rking lot (chapter 21)		c		0.00	0	9.00
	ovider-based physician	A-8-2	-8,819,218	3	0.00	0	10.00
ad	ustment		, ,		0.00	o	11.00
	le of scrap, waste, etc. napter 23)		C	7	0.00	J	11.00
	lated organization	A-8-1	12,136,433	3		0	12.00
	ansactions (chapter 10)				0.00	0	13.00
	undry and linen service feteria-employees and guests	В	-917.304	CAFETERIA	11.00	l .	
	ntal of quarters to employee		0		0.00	0	15.00
	d others				0.00	0	16.00
	le of medical and surgical oplies to other than patients				0.00	· ·	10.00
17.00 Sa	le of drugs to other than		C	P	0.00	0	17.00
	tients le of medical records and	В	-54.425	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
	stracts		31,123				
	rsing school (tuition, fees,		C	P	0.00	0	19.00
	oks, etc.) nding machines		(0.00	0	20.00
21.00 Inc	come from imposition of	В	-232,643	OTHER ADMINISTRATIVE AND	5.02	0	21.00
	terest, finance or penalty arges (chapter 21)			GENERAL			
	terest expense on Medicare		(0.00	0	22.00
	erpayments and borrowings to						
	pay Medicare overpayments justment for respiratory	A-8-3	(DRESPIRATORY THERAPY	65.00		23.00
the	erapy costs in excess of						
	mitation (chapter 14)	A-8-3	,	PHYSICAL THERAPY	66.00		24.00
	justment for physical therapy sts in excess of limitation	A-0-3	,	DERISICAL IIIEKAFI	00.00		
	hapter 14)		,	DUTTI TATTON DEVITEN SNE	114.00		25.00
	ilization review - ysicians' compensation		,	OUTILIZATION REVIEW-SNF	114.00		23.00
	hapter 21)						26.00
	preciation - CAP REL		(CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
	STS-BLDG & FIXT preciation - CAP REL		(OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
co	STS-MVBLE EQUIP	ĺ			19.00		28.00
	n-physician Anesthetist ysicians' assistant		(NONPHYSICIAN ANESTHETISTS	0.00	i .	
	justment for occupational	A-8-3	Č	OOCCUPATIONAL THERAPY	67.00		30.00
	erapy costs in excess of						
	mitation (chapter 14) justment for speech pathology	A-8-3	(OSPEECH PATHOLOGY	68.00		31.00
co	sts in excess of limitation						
	hapter 14)			0	0.00) r	32.00
	H HIT Adjustment for preciation and Interest		•				
33.00 OT	HER ADJUSTMENTS (SPECIFY) (3)	1	(0	0.00		33.00
	T CLASS TUITION	В	,	2 PARAMED ED PRGM	23.00		33.01
	SC RADIOLOGY REV SC A&G REVENUE	B B	,	6 RADIOLOGY-DIAGNOSTIC 1 OTHER ADMINISTRATIVE AND	5.02	1	1
ואן כט.ככ ואב	SC AND REVENUE	ь	-10,72	GENERAL	1		

Provider CCN: 150026

					To 12/31/2012	Date/Time Prep 5/22/2013 11:4	
				Expense Classification To/From Which the Amount			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst, A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.04	PERSONAL AUTO USAGE	A		OTHER ADMINISTRATIVE AND	5.02		33.04
33.05	ALCOHOLIC BEVERAGE	A	-676	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.05
33.06	LOBBYING	А	-28,340	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.06
33.07	SHARED A&G EXPENSE	Α .	-1,176,736	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.07
33.08	PRIMECARE ASSESSMENT	Α .	-9,661,077	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.08
33.09			0	·	0.00	0	33.09
33.10	FOOD SERVICES REVENUE	В	-68,073	DIETARY	10.00	0	33.10
33.11	MISC LAB REV	В	-1,780	LABORATORY	60.00	0	33.11
33.12	OP REHAB MIDDLEBURY MISC INCOME	В	-55	PHYSICAL THERAPY	66.00	0	33.12
33.13	HAF OFFSET	В	-4,842,204	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.13
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,429,130				50.00

Health	Financial Systems	IU HEALTH (SOSHEN HOSPITAL	In Li	eu of Form CMS-2	
	MENT OF COSTS OF SERVICES FROM E COSTS	RELATED ORGANIZATIONS AND HO	ME Provider CCN: 150026	Period: From 01/01/2012 To 12/31/2012		pared:
	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTHOME OFFICE COSTS:	TMENTS REQUIRED AS A RESULT	OF TRANSACTIONS WITH RELATE	100	OR CLAIMED	
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,747,197	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	508,105	0	2.00
3.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE ALLOCATION	9,881,131	0	3.00
	0.00			0	0	4.00
4.00				12,136,433		5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

			Related Organization(s) a	nd/or Home Office
Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership
1,00	2.00	3.00	4.00	5.00

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under

title XVIII.				
6.00 B		0.00 IU HEALTH	0.00 6	.00
7.00		0.00	0.00 7	.00
8.00		0.00	0.00 8	.00
9.00		0.00		.00
10.00		0.00	0.00 10	
100.00 G. Other (financial	or		100	.00
non-financial) spec				

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider. C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.

 F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

	Financial Syste MENT OF COSTS OF		IU HEALTH GOSHEN ELATED ORGANIZATIONS AND HOME	Provider CCN: 150026	Period:	eu of Form CMS-2552 Worksheet A-8-1	<u>/- I</u> (
OFFICE	COSTS				From 01/01/2012 To 12/31/2012	Date/Time Prepare 5/22/2013 11:41 a	
	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.		The second second second second second second second second second second second second second second second se	and the state of t		<u></u>
	6.00	7.00		1.00	3.4400.000		
	A. COSTS INCUR HOME OFFICE CO	RED AND ADJUST	MENTS REQUIRED AS A RESULT OF T	RANSACTIONS WITH RELATE	D ORGANIZATIONS (OR CLAIMED	
1.00	1,747,197					1	00
2.00	508,105	9					.00
3.00	9,881,131	o				1 -	.00
4.00	0	0					.00
5.00	12,136,433						.00
* The	amounts on line	s 1-4 (and subs	cripts as appropriate) are transf	erred in detail to works	heet A. column 6		
appropi	riate. Positive	amounts increa	se cost and negative amounts decr	ease cost. For related	organization or be	ome office cost whi	ch
nas nu	Polated Co	worksneet A, C	olumns 1 and/or 2 , the amount all	owable should be indicat	ed in column 4 of	this part.	
		anization(s) me Office		227			
				And the second	ALC:		
-							
4000 C	· IVDE OT	Business					400000

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	HOME OFFICE		6.00
7.00			7.00
8.00		·	
9.00			8.00
10.00			9.00
100.00			10.00
100.00	L		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

6.00

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150026

| Period: | Worksheet A-8-2 | From 01/01/2012 | To 12/31/2012 | Date/Time Prepared: | C3/2013 | 11/41 | Prepared | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C3/2013 | C

West. A Line # Cost Center/Physician Identifier Remuneration Provider Component Component Component Component Physician/Prov					ד	o 12/31/2012	5/22/2013 11:	pared: 41 am	
Light Ligh		What Alino #	Cost Contor/Physician	Total	Professional	Provider	RCF Amount		71 QIII
1.00	100 Hellion 1	WASE. A LINE #							
1.00			tuenen rei	Remarier action	Component	Component			
1.00		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	1.00		OTHER ADMINISTRATIVE AND	726,260	102,603	623,657	171,400	3,499	1.00
3.00			GENERAL						
34.00 S4.00 SA0.00 CY-OTAGNOSTIC 6,377,473 6,090,030 287,443 231,100 2,400	2.00								
Column C									Į.
1.00 90.00 CLINIC 13.438 0 13.438 171,400 96					, ,				
1.00				1	· ·				
8.00			l = · · · · ·						
1.00									
10.00				30,000	0	30,000	1/1,400	1	
200.00 9,615,213 8,436,252 1,178,961 9,819 20 20 20 20 20 20 20 2				0	0	0	U	_	
Wkst. A Line # Cost Center/Physician Identifier Unadjusted RCE Limit Unadjusted RCE Limit Component African Cost of Memberships & Continuing Education 12 1.00 1.00 2.00 8.00 9.00 12.00 13.00 14.00 1.00 1.00 13.00 14.00 1		0.00		0	0 426 252	1 170 001	U	1	
Identifier	200.00								
1.00 2.00 8.00 9.00 12.00 13.00 14.00		Wkst. A Line #				Later - Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Co	Land Committee C		
1.00 2.00 8.00 9.00 12.00 13.00 14.00 10.00 15.00 13.00 14.00 10.00 15.00 16.00MeDICAL RECORDS & LIBRARY 150,881 7,544 0 0 0 0 0 0 0 0 0			Identifier	Limit					
1.00					LIMIL		1.15.2000	Tildurance	
1.00	-	1.00	3 00	8.00	9 00			14.00	
Component Comp	1 00	1							
2.00	1.00	3.02		200,551	1,,,12,				
3.00	2 00	16.00		150.881	7.544	0	0	0	2.00
4.00							0	0	3.00
S.00							0	0	4.00
6.00 90.00 CLINIC 7,911 396 0 0 0 0 7.00 90.02 WOUND CLINIC 18,953 948 0 0 0 0 0 0 91.00 EMERGENCY 68,890 3,445 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						0	0	0	5.00
Note						0	0	1	
Since Sinc	7.00	90.02	WOUND CLINIC	18,953	948	0	0	1	
10.00 200.00	8.00	91.00	EMERGENCY	68,890	3,445	0	0	0	1
Note	9.00	0.00			0) 0	0	0	9.00
Wkst. A Line # Cost Center/Physician Provider Adjusted RCE RCE Adjustment Identifier Component Share of col. 14 1.00 15.00 16.00 17.00 18.00 15.00 16.00 17.00 18.00 1.00 15.00 16.00 17.00 18.00 15.00 16.00 17.00 18.00 15.00 16.00 17.00 18.00 15.00 16.00 17.00 18.00 15.00 16.00 17.00 18.00 15.00 16.00 17.00 18.00 15.00 16.00 17.00 18.00 15.00 16.00 17.00 18.00 15	10.00	0.00		0	0	0	0	-	
Identifier Component Limit Disallowance Share of col. 14	200.00						0) 0	200.00
Share of col. 14	10.4	wkst. A Line #					Adjustment		
14	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Identifier		Limit	Disallowance			
1.00 2.00 15.00 16.00 17.00 18.00									
1.00 5.02 OTHER ADMINISTRATIVE AND 0 288,331 335,326 437,929		1.00	3 00		16.00	17.00	18.00		
CENERAL CENE	1 00								1.00
2.00 16.00 MEDICAL RECORDS & LIBRARY 0 150,881 0 0 3.00 53.01 PAIN MANAGEMENT 0 20,683 15,317 1,408,810 4.00 54.00 RADIOLOGY-DIAGNOSTIC 0 266,654 20,789 6,110,819 5.00 60.00 LABORATORY 0 71,338 0 850,126 6.00 90.00 CLINIC 0 7,911 5,527 5,527 7.00 90.02 WOUND CLINIC 0 18,953 6,007 6,007 8.00 91.00 EMERGENCY 0 68,890 0 0 9,00 0.00 0 0 0 0 10.00 0.00 0 0 0 0	1.00	3.02			200,331	333,320	137,323	1	2.00
3.00	2 00	16.00	= =	1	150 881	ıl o	l c		2.00
4.00				'			1,408.810		3.00
5.00 60.00 LABORATORY 0 71,338 0 850,126 6.00 90.00 CLINIC 0 7,911 5,527 5,527 7.00 90.02 WOUND CLINIC 0 18,953 6,007 6,007 8.00 91.00 EMERGENCY 0 68,890 0 0 0 9.00 0.00 0 0 0 0 0 0 0									4.00
6.00 90.00 CLINIC 0 7,911 5,527 5,527 7.00 90.02 WOUND CLINIC 0 18,953 6,007 6,007 8.00 91.00 EMERGENCY 0 68,890 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									5.00
7.00 90.02 WOUND CLINIC 0 18,953 6,007 6,007 8.00 91.00 EMERGENCY 0 68,890 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									6.00
8.00 91.00 EMERGENCY 0 68,890 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1				7	7.00
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				d			O C)	8.00
10.00 0 0 0 0 0						0	()	9.00
) (o 0) ()	10.00
200.00 0 893,641 382,966 8,819,218 2				(893,641	382,966	8,819,218	3	200.00

Health Financial Systems

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026 | Period: | Worksheet B | Part I | Date/Time | Prepared: | 5/27/2013 11:41 am | Prepared: | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I | Part I

	No. consequenting (V.S., minute) (V.S.)	T		'	0 12/31/2012	5/22/2013 11:	
			CAPITAL RE	LATED COSTS	0.000	and the second	
	Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	CASHIERING/ACC	
		for Cost			BENEFITS	OUNTS	
		Allocation (from Wkst A			2.00	RECEIVABLE	
		col. 7)					
	CENERAL CENTER SOOT OF THE PARTY	0	1.00	2.00	4.00	5.01	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	5,202,970	5,202,970	l .	l		1 00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	6,408,656		6,408,656			2.00
4.00	00400 EMPLOYEE BENEFITS	16,984,777	65,226		1		4.00
5.01 5.02	00550 CASHIERING/ACCOUNTS RECEIVABLE	1,518,970					
6.00	00560 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS	28,933,084	420,022	1,736,199		0	
7.00	00700 OPERATION OF PLANT	3,019,182	407,893	1	218,673	0	
8.00	00800 LAUNDRY & LINEN SERVICE	443,407	26,606		9,230	0	
9.00 10.00	00900 HOUSEKEEPING 01000 DIETARY	1,335,264		,		0	
11.00	01100 CAFETERIA	349,829 407,088	27,024 83,736		49,487 153,319	0	
12.00	01200 MAINTENANCE OF PERSONNEL	0	05,750	0,047	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	1,617,917	21,838		400,894	0	1
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	387,693	37,093		60,076		14.00
16.00	01600 MEDICAL RECORDS & LIBRARY	1,526,158 2,352,594	30,596 64,318		341,823 358,881	0	15.00 16.00
17.00	01700 SOCIAL SERVICE	392,894	9,291	1,727	106,917	0	17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 20.00	01900 NONPHYSICIAN ANESTHETISTS 02000 NURSING SCHOOL	0	0	0	0	0	19.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	20.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	ŏ	ő	0	ő	22.00
23.00	02300 PARAMED ED PRGM	162,166	3,241	0	33,524	0	23.00
30.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	7,520,248	537,682	133,881	2,022,106	145 421	30.00
31.00	03100 INTENSIVE CARE UNIT	1,512,038	143,474	189,125	408,979	145,431 29,959	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	1
33.00 34.00	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	34.00 40.00
41.00	04100 SUBPROVIDER - IRF	ő	Ö	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 44.00	04300 NURSERY 04400 SKILLED NURSING FACILITY	274,118	18,626	9,339	68,878	7,510	
45.00	04500 NURSING FACILITY	0	0	0	0	0	44.00 45.00
46.00	04600 OTHER LONG TERM CARE	0	. 0		ő	ŏ	46.00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	7 107 104	553 550	7 603 760	4 88 2 2 2 2		
51.00	05100 RECOVERY ROOM	7,197,104 493,538	662,560 45,664	1,682,569 14,532	1,224,877 134,945	189,328 15,190	50.00 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,468,777	99,813	50,042	369,060	21,671	
53.00	05300 ANESTHESIOLOGY	0	0	. 0	0	0	53.00
53.01 54.00	05301 PAIN MANAGEMENT 05400 RADIOLOGY-DIAGNOSTIC	204,123	42,207	2,093	252,062	6,985	53.01
55.00	05500 RADIOLOGY-THERAPEUTIC	17,658,052 87,593	1,085,578 5,762	1,604,093 15,951	3,579,600 23,989	398,540 984	
56.00	05600 RADIOISOTOPE	0,,555	0	0	25,505	0	56.00
56.01 57.00	05601 CARDIAC CATH LAB	1,355,840	39,585	430,245	258,126	51,790	
58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	58.00 59.00
60.00	06000 LABORATORY	3,998,984	89,643	82,153	696,052	120,017	60.00
60.01 61.00	06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	ام		0	61.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	o	o	0	0	0	62.00 63.00
64.00	06400 INTRAVENOUS THERAPY	o	o	0	ō	0	64.00
65.00 66.00	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	1,251,115	31,850	23,158	312,932	25,661	
67.00	06700 OCCUPATIONAL THERAPY	2,028,617 418,891	228,248 0	60,345 305	479,742 115,635	27,471 8,081	66.00
68.00	06800 SPEECH PATHOLOGY	308,557	o	0	84,033	4,273	
69.00	06900 ELECTROCARDIOLOGY	151,918	6,972	4,326	20,590	15,556	69.00
71.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0 6,227,858	0	, 0	0	79, 226	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,511,865	0	0	0	78,226 94,655	
73.00	07300 DRUGS CHARGED TO PATIENTS	17,533,146	ō	ő	Ö	472,377	73.00
74.00 75.00	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	0	o	0	0	74.00
, ,	OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	75.00
88.00	08800 RURAL HEALTH CLINIC	0	o	0	0	0	88.00
						•	

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | Part I |
| To | 12/31/2012 | Date/Time | Prepared: | 5/2/2013 | 11:41 pm |

	то 12/31/2012	Date/Time Prep 5/22/2013 11:4	
CAPITAL RELATED COSTS			
Cost Center Description Net Expenses BLDG & FIXT MVBLE EQ	JIP EMPLOYEE	CASHIERING/ACC	
for Cost	BENEFITS	OUNTS	
Allocation (from Wkst A		RECEIVABLE	
co1. 7)			
0 1.00 2.00	4,00	5.01	89.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	74,42	TII	90.00
90.01 09001 WOMEN'S CENTER 0 0	0	0	90.01
33132 11112 1112 1112 1112 11112 11	3,696 3,651 97,67	16,771 1,908	90.02 90.03
	0,073 651,22		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS 94 00 09400 HOME PROGRAM DIALYSTS 0 0	0 1	0 0	94.00
94.00 09400 HOME PROGRAM DIALYSIS	0	o o	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0	0		97.00 98.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 0 0 0 0	0	0 0	99.00
99.10 09910 CORF 0 0	0	0	99.10
100.00 10000 1&R SERVICES-NOT APPRVD PRGM 0 0	0 453 130		100.00
102.00	5,181 453,12	0,034	101.00
SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 0 0	0	1	105.00
106.00 10600 HEART ACQUISITION 0 0	0		106.00
107.00 10700 LIVER ACQUISITION 0 0	0		107.00
108.00 10800 LUNG ACQUISITION	0	- 1	109.00
110.00 11000 INTESTINAL ACQUISITION 0	0		110.00
111.00 11100 ISLET ACQUISITION 0 0	0	이 이	111.00 113.00
113.00 11300 INTEREST EXPENSE 114.00 11400 UTILIZATION REVIEW-SNF			114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	O		115.00
116.00 11600 HOSPICE 1,254,774 36,906	0 194,83		
210,000	9,717 16,319,29	4 1,828,231	118.00
NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1,340,747 231,964 1:	1,461 249,60	4 0	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 664,550 66,407	0 149,90		190.01
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0	0 8,523	-	190.02 190.03
150105 15005 11 111111	8,955 337,59		190.04
190.05 19005 PRIVATE DUTY -1 0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT 1,271,470 0	0		190.06 190.07
190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 191.00 191.00 RESEARCH 0 0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES 0	o		192.00
193.00 19300 NONPAID WORKERS 0 0	0	0	193.00
200.00 Cross Foot Adjustments	0	0 0	201.00
201.00 Negative Cost Centers 0 202.00 TOTAL (sum lines 118-201) 168,582,856 5,202,970 6,40	8,656 17,056,40		
Cost Center Description Subtotal OTHER MAINTENAN	CE & OPERATION OF		
ADMINISTRATIVE REPAIR AND GENERAL	S PLANT	LINEN SERVICE	
5A.01 5.02 6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS		T	1 00
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS			4.00
5.01 00550 CASHIERING/ACCOUNTS RECEIVABLE			5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL 33,680,374 33,680,374			5.02 6.00
6.00 00600 MAINTENANCE & REPAIRS 0 U 7.00 00700 OPERATION OF PLANT 3,683,069 919,533			
7.00 00700 OPERATION OF PLANT 3,683,069 919,533 8.00 00800 LAUNDRY & LINEN SERVICE 481,494 120,212	0 4.602.60	12	7.00
	0 4,602,60 0 29,04	630,751	
9.00 00900 HOUSEKEEPING 1,607,561 401,352	0 4,602,60 0 29,04 0 7,53	630,751 0	8.00 9.00
9.00 00900 HOUSEKEEPING 1,607,561 401,352 10.00 01000 DIETARY 428,937 107,091	0 4,602,60 0 29,04 0 7,53 0 29,50	630,751 63 0 01 0	8.00 9.00 10.00
9.00 00900 HOUSEKEEPING 1,607,561 401,352 10.00 01000 DIETARY 428,937 107,091 11.00 01100 CAFETERIA 652,190 162,829	0 4,602,60 0 29,04 0 7,53	630,751 63 0 01 0	8.00 9.00 10.00 11.00
9.00 00900 HOUSEKEEPING 1,607,561 401,352 10.00 01000 DIETARY 428,937 107,091 11.00 01100 CAFETERIA 652,190 162,829 12.00 01200 MAINTENANCE OF PERSONNEL 0 0	0 4,602,60 0 29,04 0 7,53 0 29,50 0 91,41 0 23,84	630,751 01 03 0 0 0 0 0 0 0 0	8.00 9.00 10.00 11.00 12.00 13.00
9.00 00900 HOUSEKEEPING 1,607,561 401,352 10.00 01000 DIETARY 428,937 107,091 11.00 01100 CAFETERIA 652,190 162,829 12.00 01200 MAINTENANCE OF PERSONNEL 0 0 13.00 01300 NURSING ADMINISTRATION 2,092,316 522,378 14.00 01400 CENTRAL SERVICES & SUPPLY 567,179 141,605	0 4,602,60 0 29,04 0 7,53 0 29,50 0 91,41 0 23,84 0 40,49	630,751 3 0 11 0 3 0 0 0 0 0 04 0	8.00 9.00 10.00 11.00 12.00 13.00 14.00
9.00 00900 HOUSEKEEPING 1,607,561 401,352 10.00 01000 DIETARY 428,937 107,091 11.00 01100 CAFETERIA 652,190 162,829 12.00 01200 MAINTENANCE OF PERSONNEL 0 0 0 1300 NURSING ADMINISTRATION 2,092,316 522,378 14.00 01400 CENTRAL SERVICES & SUPPLY 567,179 141,605 15.00 01500 PHARMACY 1,906,399 475,961	0 4,602,60 0 29,04 0 7,53 0 29,50 0 91,41 0 23,84 0 40,49 0 33,40	630,751 0 0 11 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00
9.00 00900 HOUSEKEEPING 1,607,561 401,352 10.00 01000 DIETARY 428,937 107,091 11.00 01100 CAFETERIA 652,190 162,829 12.00 01200 MAINTENANCE OF PERSONNEL 0 0 01300 NURSING ADMINISTRATION 2,092,316 522,378 14.00 01400 CENTRAL SERVICES & SUPPLY 567,179 141,605 15.00 01500 PHARMACY 1,906,399 475,961 16.00 01600 MEDICAL RECORDS & LIBRARY 2,824,634 705,212	0 4,602,60 0 29,04 0 7,53 0 29,50 0 91,41 0 23,84 0 40,45 0 33,46 0 70,23	630,751 0 0 11 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
9.00 00900 HOUSEKEEPING 1,607,561 401,352 10.00 01000 DIETARY 428,937 107,091 11.00 01100 CAFETERIA 652,190 162,829 12.00 01200 MAINTENANCE OF PERSONNEL 0 0 01300 NURSING ADMINISTRATION 2,092,316 522,378 14.00 01400 CENTRAL SERVICES & SUPPLY 567,179 141,605 15.00 01500 PHARMACY 1,906,399 475,961	0 4,602,60 0 29,04 0 7,53 0 29,50 0 91,41 0 23,84 0 40,45 0 33,46 0 70,23	630,751 0 0 11 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:

From 01/01/2012

Part I Date/Time Prepared: Tο 12/31/2012 5/22/2013 11:41 am Cost Center Description Subtotal OTHER MAINTENANCE & OPERATION OF LAUNDRY & **ADMINISTRATIVE** REPAIRS PLANT LINEN SERVICE AND GENERAL 5A.01 5.02 6.00 7.00 8.00 20.00 02000 NURSING SCHOOL 20.00 0 0 n 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 0 0 0 0 21.00 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 n 0 0 22.00 23.00 02300 PARAMED ED PRGM 198,931 49,666 0 3.538 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 10,359,348 2,586,367 0 586,976 145,213 30.00 31.00 03100 INTENSIVE CARE UNIT 2,283,575 570,129 0 156,628 57,098 31.00 03200 CORONARY CARE UNIT 32.00 0 0 Λ 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 0 0 0 0 33.00 34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 O 34.00 40.00 04000 SUBPROVIDER - IPF 0 0 0 40.00 04100 SUBPROVIDER - IRF 41.00 0 0 0 41.00 42.00 04200 SUBPROVIDER 0 42.00 0 43.00 04300 NURSERY 378,471 94,491 20,333 5,537 43.00 44.00 04400 SKILLED NURSING FACILITY 0 0 44.00 45.00 04500 NURSING FACILITY 0 0 0 45.00 46.00 04600 OTHER LONG TERM CARE 46.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 2,735,439 10,956,438 723,302 91.277 50.00 51.00 05100 RECOVERY ROOM 703,869 175,731 0 49.850 O 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 2,009,363 501,668 108,963 29,666 52.00 05300 ANESTHESIOLOGY 53.00 0 53.00 53 01 05301 PAIN MANAGEMENT 507,470 126,697 0 46,076 0 53.01 54.00 05400 RADIOLOGY-DIAGNOSTIC 24,325,863 6,073,260 1,185,104 126,502 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 134,279 33,525 6,290 0 55.00 05600 RADIOISOTOPE 56.00 56.00 0 05601 CARDIAC CATH LAB 56.01 2,135,586 533,181 2,813 43.214 56.01 05700 CT SCAN 57,00 0 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 59.00 0 60.00 06000 LABORATORY 4,986,849 1,245,042 97,861 60.00 60.01 06001 BLOOD LABORATORY 0 60.01 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 61,00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 n 63.00 06400 INTRAVENOUS THERAPY 64.00 64.00 65.00 06500 RESPIRATORY THERAPY 1.644.716 410,628 34,769 65.00 66.00 06600 PHYSICAL THERAPY 2,824,423 249,173 705,160 66.00 67.00 06700 OCCUPATIONAL THERAPY 542.912 135,546 67.00 68.00 06800 SPEECH PATHOLOGY 396,863 99,083 68.00 0 69.00 06900 ELECTROCARDIOLOGY 199,362 49,774 7.611 n 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 n 0 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 6,306,084 1.574.408 O 71.00 0 72 00 07200 IMPL. DEV. CHARGED TO PATIENTS 10,606,520 2,648,077 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 18,005,523 4,495,349 73.00 74.00 07400 RENAL DIALYSIS 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC n 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 90.00 09000 CLINIC 492,114 122.864 0 31,137 0 90.00 90.01 09001 WOMEN'S CENTER 0 90.01 90.02 09002 WOUND CLINIC 1,320,549 329,695 0 59,144 0 90.02 90.03 09003 MOBILE CLINIC 149,492 598,772 90.03 0 91.00 09100 EMERGENCY 386,175 3,641,010 909,033 172,645 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 0 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0 0 0 94.00 95.00 09500 AMBULANCE SERVICES 95.00 0 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 0 96.00 0 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 97.00 0 05950 OTHER REIMBURSABLE COST CENTERS 98.00 0 0 0 0 0 98.00 99.00 09900 смнс 0 0 0 0 99.00 99.10 09910 CORF 0 0 0 0 99.10 100.00 10000 I&R SERVICES-NOT APPRVD PRGM O n 0 0 0 100.00 101.00 10100 HOME HEALTH AGENCY 2<u>,</u>277,636 568,646 40,305 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 0 0 0 105.00 106.00 10600 HEART ACQUISITION 0 0 0 0 0 106.00 107.00 10700 LIVER ACQUISITION 0 0 0 0 0 107.00 108.00 10800 LUNG ACQUISITION 0 0 0 108.00 0 0 109.00 10900 PANCREAS ACQUISITION 0 0 0 0 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 110.00

		ial Systems ION - GENERAL SERVICE COSTS	IU HEALTH GOS		CCN: 150026 P	In Lie eriod: rom 01/01/2012	eu of Form CMS- Worksheet B Part I	2552-10
					T		Date/Time Pres 5/22/2013 11:4	
		Cost Center Description	Subtotal	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	+1 alli
				ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE	
			5A.01	5.02	6.00	7.00	8.00	
111.00	11100	ISLET ACQUISITION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
1		UTILIZATION REVIEW-SNF	_				0	114.00 115.00
		AMBULATORY SURGICAL CENTER (D.P.)	1 501 350	374,810		40,289		116.00
118.00		HOSPICE SUBTOTALS (SUM OF LINES 1-117)	1,501,250 157,772,758	1	1		1	
		IMBURSABLE COST CENTERS	157,772,770	, , , , , , , , , , , , , , , , , , , ,	-			
	······	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,833,776	457,830	l control of the cont			190.00
		OTHER NR/CHP-GRANT I/COMMUNITY ED	880,864	219,921		· -		190.01 190.02
		GIFT, FLOWER, COFFEE SHOP, & CANTEEN	. (2,128	0	0		190.02
		LIFELINE COMMUNITY RELATIONS	8,523 6,815,466			64,554	ł	190.04
,		PRIVATE DUTY	-1	1,701,50	0	0		190.05
		PROFESSIONAL DEVELOPMENT	1,271,470	317,442	2 0	0		190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	C) (0	0		190.07
		RESEARCH	(191.00 192.00
		PHYSICIANS' PRIVATE OFFICES	() (193.00
200.00		NONPAID WORKERS Cross Foot Adjustments	(íl '	1			200.00
200.00	L I	Negative Cost Centers			o	0		201.00
202.00		TOTAL (sum lines 118-201)	168,582,856	33,680,374		4,602,602	o eccession and the contract of the contract o	202.00
		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF	NURSING ADMINISTRATION	
			9.00	10.00	11.00	PERSONNEL 12.00	13.00	
	CENER	AL SERVICE COST CENTERS	9.00	1 10.00	1 11.00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1.00		CAP REL COSTS-BLDG & FIXT	, , , , , , , , , , , , , , , , , , ,					1.00
2.00		CAP REL COSTS-MVBLE EQUIP						2.00
4.00		EMPLOYEE BENEFITS						4.00
5.01		CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.02	1	OTHER ADMINISTRATIVE AND GENERAL						6.00
6.00 7.00		MAINTENANCE & REPAIRS OPERATION OF PLANT						7.00
8.00		LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,016,44					9.00
10.00	1	DIETARY	13,02					10.00
11.00 12.00	1	CAFETERIA MAINTENANCE OF PERSONNEL	40,37	_	946,802			12.00
13.00		NURSING ADMINISTRATION	10,52	٠,	24,135		2,673,197	
		CENTRAL SERVICES & SUPPLY	17,88	t .	7,780		1	1
15.00		PHARMACY	14,75		0 18,885	1		
16.00		MEDICAL RECORDS & LIBRARY	31,00		0 33,336 0 9,043			
17.00	1	SOCIAL SERVICE (SPECIEV)	4,47	0	0 9,04.		ol o	18.00
18.00 19.00		OTHER GENERAL SERVICE (SPECIFY) NONPHYSICIAN ANESTHETISTS		0	o c		(
		NURSING SCHOOL		0	0		7	20.00
		I&R SERVICES-SALARY & FRINGES APPRVD		0	0			
	1	I&R SERVICES-OTHER PRGM COSTS APPRVD	1.5	0	0			22.00
23.00		PARAMED ED PRGM	1,56	3	U	0		23.00
30.00		IENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	259,22	0 514,25	3 176,789	9 (927,169	
		INTENSIVE CARE UNIT	69,17	1	1		197,092	
		CORONARY CARE UNIT		0	0	0	- 1	32.00
		BURN INTENSIVE CARE UNIT		0		0	0 (
		SURGICAL INTENSIVE CARE UNIT		0	0	o c	o c	. 1
		SUBPROVIDER - IPF SUBPROVIDER - IRF		ŏ	Ö	o (0	41.00
		SUBPROVIDER		ō	0	0	•	42.00
		NURSERY	8,98	0	0 5,77	6	0 28,238	
44.00	04400	SKILLED NURSING FACILITY		0	0	U (~	44.00 45.00
45.00	1	NURSING FACILITY		<u>.</u>	0	9	•	46.00
46.00		OTHER LONG TERM CARE LARY SERVICE COST CENTERS	1	OI .	<u> </u>			
50.00		OPERATING ROOM	319,42	4	0 94,30	7	0 394,28	
		RECOVERY ROOM	22,01	.5	0 8,74	-1	0 64,683	
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,12		0 30,94	9	0 151,290	0 52.00 0 53.00
		ANESTHESIOLOGY		0	0 7,52	0 1	0 28,19	1
		PAIN MANAGEMENT	20,34 523,36		0 186,73		0 244,10	
		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	2,77		0 1,73		o	0 55.00
		RADIOISOTOPE		0	0	0	~	0 56.00
56.01	05601	L CARDIAC CATH LAB	19,08	4	0 15,16	0	0 52,59	6 56.01 0 57.00
57.00		CT SCAN		0	0	0	9	0 58.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	V	<u> </u>	<u>~</u> I	- 1 50.50

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period: Worksheet B
From 01/01/2012 Part I
To 12/31/2012 Date/Time Prepared:

5/22/2013 11:41 am Cost Center Description HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF NURSING PERSONNEL ADMINISTRATION 9.00 11.00 10.00 12.00 13.00 59.00 05900 CARDIAC CATHETERIZATION 59.00 0 0 60.00 06000 LABORATORY 43,217 0 47.907 5,064 60.00 06001 BLOOD LABORATORY 0 60.01 0 60.01 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 0 63.00 64.00 06400 INTRAVENOUS THERAPY 0 64,00 65.00 06500 RESPIRATORY THERAPY 15,355 0 0 0 22,948 0 65.00 0 66.00 06600 PHYSICAL THERAPY 110,040 41,760 66.00 67.00 06700 OCCUPATIONAL THERAPY n 7,729 n 67.00 68.00 06800 SPEECH PATHOLOGY 0 0 5,152 0 68.00 06900 ELECTROCARDIOLOGY 69.00 3,361 1,494 11,824 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 0 0 0 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 ol 0 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 n 0 0 0 73.00 07400 RENAL DIALYSIS 74.00 n 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 75.00 OUTPATIENT SERVICE COST CENTERS 88 00 08800 RURAL HEALTH CLINIC 0 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 0 90.00 09000 CLINIC 13.751 0 6,229 0 90.00 90.01 09001 WOMEN'S CENTER 0 0 0 90.01 90.02 09002 WOUND CLINIC 26,119 0 90.02 90.03 09003 MOBILE CLINIC 5,672 22,541 90.03 91.00 09100 EMERGENCY 170,542 50,185 308,374 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0 94.00 n 95.00 09500 AMBULANCE SERVICES 0 0 95.00 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 0 0 96.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 97.00 05950 OTHER REIMBURSABLE COST CENTERS 98.00 98.00 99.00 09900 CMHC 0 o 99.00 0 99.10 | 09910 CORF 99.10 n 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 0 100.00 101.00 10100 HOME HEALTH AGENCY 17,799 32.411 103,266 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 0 0 105.00 106.00 10600 HEART ACQUISITION 0 106.00 107.00 10700 LIVER ACQUISITION 0 0 0 107.00 108.00 10800 LUNG ACQUISITION o 0 108.00 109.00 10900 PANCREAS ACQUISITION 0 0 n 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 0 0 0 110.00 111.00 11100 ISLET ACQUISITION Λĺ o 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114.00 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0 115.00 116.00 11600 HOSPICE 57,016 116.00 17,792 15,700 118.00 SUBTOTALS (SUM OF LINES 1-117) 1,844,092 578,557 886,465 2,595,735 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 111,831 22,050 0 47,914 190.00 190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 32,015 11,800 29,422 190.01 0 190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 190.02 0 190.03 19003 LIFELINE 0 190.03 190.04 19004 COMMUNITY RELATIONS 28,508 26,487 126 190.04 190.05 19005 PRIVATE DUTY 0 O 0 190.05 190.06 19006 PROFESSIONAL DEVELOPMENT 0 0 0 0 190.06 190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 O 0 190.07 191.00 19100 RESEARCH 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 192.00 193.00 19300 NONPAID WORKERS 0 193.00 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 0 201.00 202.00 TOTAL (sum lines 118-201) 2,016,446 578,557 946.802 2,673,197 202.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2012 Part I
To 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am

					,,	5/22/2013 11:4	41 am
	Cost Center Description	CENTRAL SERVICES &	PHARMACY	MEDICAL RECORDS &	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
	tion age on the feature of the	SUPPLY 14.00	15.00	LIBRARY 16.00	17.00	18.00	
	CENERAL SERVICE COST CENTERS	14.00	13.00	10.00	17.00	10.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.0
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.0
1.00	00400 EMPLOYEE BENEFITS						4.0
5.01	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL						5.
5.00	00600 MAINTENANCE & REPAIRS						6.
.00	00700 OPERATION OF PLANT						7.
.00	00800 LAUNDRY & LINEN SERVICE						8.
.00	00900 HOUSEKEEPING						9.
0.00	01000 DIETARY						10.
1.00	01100 CAFETERIA						11.
2.00	01200 MAINTENANCE OF PERSONNEL						12.
13.00	01300 NURSING ADMINISTRATION						13.
4.00	01400 CENTRAL SERVICES & SUPPLY	774,941					14.
5.00	01500 PHARMACY	1,363	2,450,760				15.
6.00	01600 MEDICAL RECORDS & LIBRARY	6	0	2,00.,			16.
7.00	01700 SOCIAL SERVICE	43	0	0	662,071	_	17.
8.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	
19.00		0	0] 0	0		19 20
20.00	02000 NURSING SCHOOL	0	0]	0	0	
21.00		0	0	1	0	0	l
2.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0]	0	1
23.00	02300 PARAMED ED PRGM	<u> </u>		· U	1 0	L	ر دے ا
0 00	INPATIENT ROUTINE SERVICE COST CENTERS	76 E60	0	291,513	465,341	0	30.
0.00	03000 ADULTS & PEDIATRICS	26,569 8,588	0			i .	1
1.00		0,300	0	00,032			
3.00		0	n	n n	ň	Ö	
4.00		١	n) o	ň	ŏ	
10.00		ŏ	Ö	o o	Ō	0	
1.00		ŏ	Ö	ol o	o	0	41
2.00		ŏ	õ		0	0	42
13.00		1,134	Ö	15,054	0	0	43.
14.00		0	Ö	o c	0	-0	44.
45.00		o	0	o 0	0	0	45.
16.00		0	C	0	1	0	46.
	ANCILLARY SERVICE COST CENTERS				1	· -	4
50.00	05000 OPERATING ROOM	469,191	C	1			
51.00	05100 RECOVERY ROOM	2,455	C	1, -	_		
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,075	C	43,439	0	0	
3.00		0	C	0	0	0	1
3.01	05301 PAIN MANAGEMENT	111	C	14,001		0	1
4.00	The state of the s	53,544	(798,862		0	1 -
55.00	1	0	C	1,973		0	
6.00		0	(102 011	0	-	
6.01		84,899	(103,811		0	
7.00		0	(
8.00			(o o	
9.00		70,811	,	240,572		ő	
	06000 LABORATORY 06001 BLOOD LABORATORY	70,611	() 270,372	j .	ŏ	
1.00		١	,			<u> </u>	61
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		() (o c	0	
3.00		0	í	o l) c	0	1
	06400 INTRAVENOUS THERAPY	ň	Č	o lo) c	0	64
55.00		4,055	Ġ	51,438	s c	0	65
6.00		553	Ċ	55,065		0	66
	06700 OCCUPATIONAL THERAPY	216	Ċ	16,198	3 0	0	
	06800 SPEECH PATHOLOGY	163	(8,566	5 C	0	
	06900 ELECTROCARDIOLOGY	195	(I .	
	07000 ELECTROENCEPHALOGRAPHY	0	(0	o		
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	, (156,801		1	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	. (189,734	_	1	
	07300 DRUGS CHARGED TO PATIENTS	0	2,450,760	946,633		1	
74.00		0	(0	-		
	07500 ASC (NON-DISTINCT PART)	0	(O)	1	75
	OUTPATIENT SERVICE COST CENTERS	**************************************				1	٠. ا
		0	(ol (0	1
38.00	08800 RURAL HEALTH CLINIC	0		T1 .		,l -	
8.00 9.00		0 402	(15,622		1) 89) 90

		cial Systems	IU HEALTH GOS	HEN HOSPITAL		In Li	eu of Form CMS-	2552-10
COST A	LLOCAT	TION - GENERAL SERVICE COSTS		Provider	CCN: 150026	Period:	Worksheet B	
						From 01/01/2012 To 12/31/2012	Part I	nanad.
						10 12/31/2012	Date/Time Pre 5/22/2013 11:	
						100000	OTHER GENERAL	TI QIII
							SERVICE	
	10.41	Cost Center Description	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
			SERVICES &		RECORDS &			
			SUPPLY		LIBRARY			
			14.00	15.00	16.00	17.00	18.00	
90.01	09001	WOMEN'S CENTER)	o	0 0	0	90.01
90.02	09002	WOUND CLINIC	10,168	3	33,61	7 0	0	90.02
90.03	09003	MOBILE CLINIC	533		3,82		l o	1
91.00	09100	EMERGENCY	13,693		133,67		٥	1
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		REIMBURSABLE COST CENTERS					I.	12.00
94.00	09400	HOME PROGRAM DIALYSIS) (oT .	0 0	0	94.00
95.00		AMBULANCE SERVICES	d			o o		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1)	o o	Ö	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	l d			o o	ő	1
98.00		OTHER REIMBURSABLE COST CENTERS	l č			Ď ŏ	ň	1
99.00	09900	CMHC	ř		5	o o	ا م	+
99.10	09910						١	1
		I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY	719		13,29	8 0		101.00
	SPECI	AL PURPOSE COST CENTERS	713		13,23	5	LU	101.00
105.00	10500	KIDNEY ACQUISITION	C			0	0	105.00
106.00	10600	HEART ACQUISITION			<u> </u>			
		LIVER ACQUISITION			(j ,		106.00 107.00
		LUNG ACQUISITION						
		PANCREAS ACQUISITION				9		108.00
110.00	11000	INTESTINAL ACQUISITION						109.00
111.00	11100	ISLET ACQUISITION	,			0		110.00
113 00	11300	INTEREST EXPENSE		1	γ ·	J U	U	111.00
		UTILIZATION REVIEW-SNF						113.00
115 00	11500	AMBULATORY SURGICAL CENTER (D.P.)					_	114.00
116.00	11600	HOSPICE	10.040		20 52	ט		115.00
118.00			18,940		29,53			116.00
110.00		SUBTOTALS (SUM OF LINES 1-117)	774,426	2,450,760	3,664,41	L 662,071	0	118.00
100 00		IMBURSABLE COST CENTERS	225					l
100.00	10001	GIFT, FLOWER, COFFEE SHOP & CANTEEN	335	(0		190.00
100.01	10001	OTHER NR/CHP-GRANT I/COMMUNITY ED	3	9		0		190.01
100.02	10002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0) (0		190.02
		LIFELINE	0)	0		190.03
100.04	10005	COMMUNITY RELATIONS	177			0		190.04
		PRIVATE DUTY	0	() (0		190.05
100.00	19000	PROFESSIONAL DEVELOPMENT	0	C) (0		190.06
101.00	10100	GIFT, FLOWER, COFFEE SHOP, & CANTEEN RESEARCH	0	C		0		190.07
			0	C) (0		191.00
		PHYSICIANS' PRIVATE OFFICES	0	9) (0		192.00
		NONPAID WORKERS	0	()	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	C) (0	0	201.00
202.00		TOTAL (sum lines 118-201)	774,941	2,450,760			0	202.00
				STATE OF THE STATE	INTERNS &	RESIDENTS		
			Action			1000		
		Cost Center Description		NURSING SCHOOL		SERVICES-OTHER	PARAMED ED	
			ANESTHETISTS		Y & FRINGES	PRGM COSTS	PRGM	
	er.	N. Denisali and a second	19.00	20.00	21.00	22.00	23.00	
1 00	OCTOO	AL SERVICE COST CENTERS						
		CAP REL COSTS-BLDG & FIXT						1.00
		CAP REL COSTS-MVBLE EQUIP				ļ		2.00
		EMPLOYEE BENEFITS						4.00
		CASHIERING/ACCOUNTS RECEIVABLE						5.01
		OTHER ADMINISTRATIVE AND GENERAL						5.02
		MAINTENANCE & REPAIRS						6.00
		OPERATION OF PLANT						7.00
		LAUNDRY & LINEN SERVICE						8.00
		HOUSEKEEPING						9.00
		DIETARY						10.00
		CAFETERIA						11.00
		MAINTENANCE OF PERSONNEL						12.00
		NURSING ADMINISTRATION						13.00
		CENTRAL SERVICES & SUPPLY	İ					14.00
		PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	-	l i		22.00
						. 9		

Provider CCN: 150026

Period: Worksheet B From 01/01/2012 Part I Date/Time Prepared: 5/31/2012 Date/Time Prepared: 5/31/2013 11:41 pre

				T	o 12/31/2012	Date/Time Prep 5/22/2013 11:4	
772.8				INTERNS &	RESIDENTS	,	
	Cost Center Description		NURSING SCHOOL		SERVICES-OTHER	PARAMED ED PRGM	
		ANESTHETISTS 19.00	20.00	Y & FRINGES 21.00	PRGM COSTS 22.00	23.00	
23.00	02300 PARAMED ED PRGM	0					23.00
	INPATIENT ROUTINE SERVICE COST CENTERS		.,	19 N. 19 19 19 19 19 19 19 19 19 19 19 19 19	The .		
	03000 ADULTS & PEDIATRICS	0	0			l .	1
	03100 INTENSIVE CARE UNIT	0	0		0	0	31.00 32.00
	03200 CORONARY CARE UNIT	0				0	33.00
	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0		ŏ	ŏ	34.00
	04000 SUBPROVIDER - IPF	Ö	o	Ò	0	0	40.00
	04100 SUBPROVIDER - IRF	0	0	o c	0	0	11.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
	04300 NURSERY	0	0		0	0	13.00
	04400 SKILLED NURSING FACILITY	0	0		0	0	
	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	1		ŏ	1	I .
40.00	ANCILLARY SERVICE COST CENTERS				-	_	
50.00	05000 OPERATING ROOM	0	0) (0	0	50.00
	05100 RECOVERY ROOM	0	0	0	0	0	1
	05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	
	05300 ANESTHESIOLOGY	0				0	33.00
	05301 PAIN MANAGEMENT 05400 RADIOLOGY-DIAGNOSTIC	"				ŏ	1
	05500 RADIOLOGY-THERAPEUTIC	0	0		ŏ	ő	
	05600 RADIOISOTOPE	C	. 0) (0	0	56.00
56.01	05601 CARDIAC CATH LAB	o d	0) (0	0	30.01
	05700 CT SCAN	0	0		0	0	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0			0	0	1 77777
59.00 60.00	05900 CARDIAC CATHETERIZATION 06000 LABORATORY					0	1
60.00	06001 BLOOD LABORATORY	١		ól ö	o o	Ö	1
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	•					61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	c	0) (0	0	1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	C	0		0	0	05.00
64.00	06400 INTRAVENOUS THERAPY				0		64.00
65.00 66.00	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY					0	1
67.00	06700 OCCUPATIONAL THERAPY			ol d	Ó	Ö	67.00
68.00	06800 SPEECH PATHOLOGY	Ì	o c		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	() c) (0	0	
70.00	07000 ELECTROENCEPHALOGRAPHY	C			0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					0	71.00
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS					Ö	1
74.00	07400 RENAL DIALYSIS				o o	0	74.00
	07500 ASC (NON-DISTINCT PART)	l d	0		0	0	75.00
	OUTPATIENT SERVICE COST CENTERS		·				
88.00	08800 RURAL HEALTH CLINIC	(1	1		0	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			3) 0		1
90.00 90.01	09000 CLINIC 09001 WOMEN'S CENTER			δ			1
	09002 WOUND CLINIC	6			o c	0	90.02
	09003 MOBILE CLINIC	0		o •) c	0	1
	09100 EMERGENCY	0) () (ol c	253,698	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			1			92.00
04 00	OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS	1		0) (94.00
	09500 AMBULANCE SERVICES		6				1
	09600 DURABLE MEDICAL EQUIP-RENTED	``	o d	o o	o d	o c	96.00
	09700 DURABLE MEDICAL EQUIP-SOLD	0		o •	o C) 0	
	05950 OTHER REIMBURSABLE COST CENTERS) (0	0	0	
	09900 CMHC						1
	09910 CORF) (· 1	100.00
	10000 I&R SERVICES-NOT APPRVD PRGM 10100 HOME HEALTH AGENCY						101.00
101.00	SPECIAL PURPOSE COST CENTERS	<u> </u>	1	-1			
105.00	10500 KIDNEY ACQUISITION	(-1	0		105.00
	10600 HEART ACQUISITION		9 (0	0		106.00
	10700 LIVER ACQUISITION			O .	u (107.00
	10800 LUNG ACQUISITION				o C		108.00
	10900 PANCREAS ACQUISITION 11000 INTESTINAL ACQUISITION			Ŏ	o c		110.00
	11100 INTESTINAL ACQUISITION		ő	0	ol		111.00
	11300 INTEREST EXPENSE	Ì				1	113.00
	Alabada (VIII)						

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026 | Period: From 01/01/2012 | Worksheet B | Part I | Date/Time Prepared: 5/23/2013 11:41 am

Section Sect						1	o 12/31/2012	Date/Time Pre 5/22/2013 11:	
1.00 1.00						INTERNS &	RESIDENTS		
1.00 1.00			Cost Center Description	NONDUNCTOTAN	NURCENC CCUON	SED WASES CALLAD	EEDWICEE OTHER	2424450 50	
14.00 13.0			cost center bescription		NOK21NG SCHOOL		1	I	
115.00 11500 AMBULATORY SURGICAL CENTER (O.P.) 0 0 0 0 0 0 115.00 115.00 115.00 115.00 115.00 0 0 0 0 0 115.0			AND THE PARTY NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY NAME		20.00				
115.00 115.00 105.00 105.00 0 0 0 0 0 0 115.00									114.00
18.0 SURTOTALS (SUM OF LINES 1.17)				1	-1		1		
NONETHHUUSABLE COST_CENTERS					-1		-		
199.00 19900 CEFF, FLORER, COFFEE SHOP & CANTEEN 0	110.0		TMRURSARIE COST CENTERS			JU	0	253,698	3 118.00
1900.01 1900	190.0			Ι () 0	0	l	190 00
1900.02 19002 GEFT, FLORER, COPTEE SIOP, & CANTEEN 0 0 0 0 190.01 19003 1900	190.0	1 19001	OTHER NR/CHP-GRANT I/COMMUNITY ED						
190.04 190.06 (OMMANITY RELATIONS 0 0 0 0 100.05 130.05 1	190.0	2 19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	(0	0			
190.06 1900G REFINESTIONAL DEVELOMENT 0 0 0 0 0 0 0 0 0 190.06				(0	0	0		
1900.0 1900.6 PROFESSIONAL DEVELOMENT 0						0	0	1	
1390.07 139008 CIFT, FLOWER, COFFEE SHOP, & CANTEEN 0							0	!	i
191.00 191.00 RESEARCH 0 0 0 0 0 0 191.00 192.00 192.00 PHYSICLANS, PRIVATE OFFICES 0 0 0 0 0 0 192.00 193.00 193.00 NORPAID MORKERS 0 0 0 0 0 0 0 193.00 193.00 193.00 NORPAID MORKERS 0 0 0 0 0 0 0 193.00 193.00 193.00 NORPAID MORKERS 0 0 0 0 0 0 0 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 193.00 19	190.0	7 19008	GIFT. FLOWER. COFFEE SHOP. & CANTEEN) (0		
192.00 19200 PRYSTLIANS* PRIVATE OFFICES 0 0 0 0 192.00 200.00	191.0	19100	RESEARCH				0		+
200.00 Cross Foot Adjustments 0 0 0 0 0 0 200.00					o d	Ö	ő		
201.00 Negative Cost Centers				(o c	0	0		1
TOTAL (Sum Tines 118-201)		1		(0	0	0		
Cost Center Description				9		0	_		1
SENTRAL SERVICE COSY CENTERS 27.00 25.00 26.00	202.00	J		()	0	0	253,698	3 202.00
CEMERAL SERVICE COST CENTERS 24.00 25.00 26.00			cost center bescription	Subtotal					
CEMERAL SERVICE COST CENTERS 24.00 25.00 26.00						4400	132		
CEMERAL SERVICE COST CENTERS									
SEMERAL SERVICE COST CENTERS	2.71 2.71				Adjustments	2.112			
1.00		CENED	AL CENTRE COST CENTERS	24.00	25.00	26.00			
2.00 00200 CAP REL COSTS-MRIE EQUIP 2.00 4.00 00400 9MPLOYEE BENEFITS 4.00 00400 9MPLOYEE BENEFITS 4.00 00500 CASHERING-ACCOUNTS RECEIVABLE 5.01 5.02 00500 00760 0076000 0076000 0076000 0076000 0076000 0076000 00760000 0076	1.00				T	T	I		1 00
4.00									1
5.01 00550 CASHERING/ACCOUNTS RECEIVABLE 5.02 00560 OTHER ADMINISTRATIVE AND GENERAL 5.02 00560 OTHER ADMINISTRATIVE AND GENERAL 6.00 00600 MOINTENANCE & REPAIRS 7.00 00700 00700 PERATION OF PLANT 7.00 00700 00700 PERATION OF PLANT 7.00 00700 00700 PERATION OF PLANT 7.00 00700 001000 PERATION OF PLANT 7.00 00700 001000 MOINTEREPING 9.00 00700 001000 MOINTEREPING 9.00 00700 001000 MOINTEREPING 9.00 00700 001000 MOINTEREPING 9.00 00700 001000 MOINTERING OF PERSONNEL 11.00 11.00 11.00 11.00 11.00 01.00		00400	EMPLOYEE BENEFITS						
5.00	5.01	00550	CASHIERING/ACCOUNTS RECEIVABLE						,
7.00 00700 007000 007000 007000 007000 00700		00560	OTHER ADMINISTRATIVE AND GENERAL						1
8.00 00800 LAUNDRY & LINEN SERVICE 010.00 10.00		00600	MAINTENANCE & REPAIRS						6.00
9.00 10.00 1									7.00
10.00 10.00 10.00 10.00 10.00 10.00 11.00 10.00 11.00 10.00 11.00 10.00 11.00 10.00 11.00 10.00 11.00 10.00 11.00 10.00 11.0									
11.00									1
12.00 01200 MAINTENANCE OF PERSONNEL 12.00 13.00 13.00 01300 NURSTING ADMINISTRATION 13.00 13.00 01300 NURSTING ADMINISTRATION 14.00 15.00 01500 PHARNACY 15.00 15.00 01500 PHARNACY 15.00 16.00 17.00									1
13.00 01300 013500 013500 014510 01400 0									1
14.00 01400 CENTRAL SERVICES & SUPPLY 15.00	13.00	01300	NURSING ADMINISTRATION						
16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 17.00									1
17.00 01700 01700 SOCIAL SERVICE									15.00
18.00 01850 0114FR GENERAL SERVICE (SPECIFY) 19.00 1									
19.00 1900									
20.00 02000 02000 02001 02100 02100 02100 02100 022000 02200 02200 02200 02200 02200 02200 02200 022									1
21.00 02100 1&R SERVICES-SALARY & FRINGES APPRVD 22.00 02200 1&R SERVICES-OTHER PROM COSTS APPRVD 22.00 02300 PARAMED ED PROM 22.00 02300 PARAMED ED PROM 23.00 03000 ADULTS & PEDIATRICS 16,338,758 0 16,338,758 30.00 03000 ADULTS & PEDIATRICS 3,546,689 0 3,546,689 0 3.546,689 0					}				
22.00									
23.00	22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						
TINPATTENT ROUTINE SERVICE COST CENTERS 30.00	23.00	02300	PARAMED ED PRGM						
31.00 33100 XTENSIVE CARE UNIT 3,546,689 0 3,546,689 31.00 32.00 32.00 32.00 32.00 32.00 32.00 33.	20.00						100		
32.00 03200 CORONARY CARE UNIT 0 0 0 0 0 32.00 03300 BURN INTENSIVE CARE UNIT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		03000	ADULTS & PEDIATRICS						
33.00 33.00 33.00 34.0		03300	INTENSIVE CARE UNIT	3,546,689					
34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 0 0 0 0 0 0 0 0				0	0	0			
40.00 04000 SUBPROVIDER - IPF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0		0			
41.00 04100 SUBPROVIDER - IRF 0 0 0 0 0 0 0 0 0				0) n	0			
42.00 04200 SUBPROVIDER 0 0 0 0 0 0 42.00 43.00 04300 NURSERY 558,014 0 558,014 0 44.00 04400 SKILLED NURSING FACILITY 0 0 0 0 0 45.00 04500 NURSING FACILITY 0 0 0 0 0 46.00 04600 OTHER LONG TERM CARE 0 0 0 05000 OPERATING ROOM 16,163,163 0 51.00 05100 RECOVERY ROOM 1,057,793 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 2,929,533 0 52.00 05300 ANESTHESIOLOGY 0 0 0 53.01 05301 PAIN MANAGEMENT 750,418 0 750,418 53.01 54.00 05400 RADIOLOGY-THERAPEUTIC 33,517,345 54.00 55.00 05600 RADIOLOGY-THERAPEUTIC 180,581 0 56.00 05600 RADIOLOGY-THERAPEUTIC 0 0 56.00 05600 RADIOLOGY-THERAPEUTIC 0 0 56.00 05600 RADIOLOGY-THERAPEUTIC 0 0 55.00 05600 RADIOLOGY-THERAPEUTIC 0 0 56.00 05600 05600 05600 05600 05600 0 56.00 05600 05600 05600 05600 0 56.00 05600	41.00			·	ő	0			
43.00 04300 NURSERY 558,014 0 558,014 44.00 44.00 64400 SKILLED NURSING FACILITY 0 0 0 0 0 0 0 0 0		04200	SUBPROVIDER	Ö	Ŏ	-1			
45.00 04500 NURSING FACILITY 0 0 0 0 0 0 0 0 0				558,014	0	558,014			
46.00 04600 OTHER LONG TERM CARE		04400	SKILLED NURSING FACILITY	0	0	0			44.00
ANCILLARY SERVICE COST CENTERS				0	0	0			
50.00 05000 OPERATING ROOM 16,163,163 0 16,163,163 50.00 51.00 05100 RECOVERY ROOM 1,057,793 0 1,057,793 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 2,929,533 0 2,929,533 52.00 53.00 05300 ANESTHESIOLOGY 0 0 0 53.00 53.01 PAIN MANAGEMENT 750,418 0 750,418 53.01 54.00 05400 RADIOLOGY-DIAGNOSTIC 33,517,345 0 33,517,345 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 180,581 0 180,581 55.00 56.00 05600 RADIOISOTOPE 0 0 0 56.00	40.00			0	1 0	0			46.00
51.00 05100 RECOVERY ROOM 1,057,793 0 1,057,793 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 2,929,533 0 2,929,533 52.00 05300 ANESTHESIOLOGY 0 0 0 0 0 0 0 0 0 0	50.00			16 160 160		16 162 163			50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM 2,929,533 52.00 53.00 05300 ANESTHESIOLOGY 0 0 0 0 0 0 0 0 0 0						,,			
53.00 05300 ANESTHESIOLOGY 0 0 0 53.00 53.01 05301 PAIN MANAGEMENT 750,418 0 750,418 53.01 54.00 05400 RADIOLOGY-DIAGNOSTIC 33,517,345 0 33,517,345 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 180,581 0 180,581 55.00 66.00 05600 RADIOISOTOPE 0 0 0 56.00		05200	DELIVERY ROOM & LABOR ROOM						
53.01 05301 PAIN MANAGEMENT 750,418 0 750,418 53.01 54.00 05400 RADIOLOGY-DIAGNOSTIC 33,517,345 0 33,517,345 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 180,581 0 180,581 55.00 56.00 05600 RADIOISOTOPE 0 0 0 56.00	53.00	05300	ANESTHESIOLOGY	2,323,333	n				1
54.00 05400 RADIOLOGY-DIAGNOSTIC 33,517,345 0 33,517,345 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 180,581 0 180,581 55.00 56.00 05600 RADIOISOTOPE 0 0 56.00	53.01	05301	PAIN MANAGEMENT	750,418	Ö	- 1			
55.00 05500 RADIOLOGY-THERAPEUTIC 180,581 0 180,581 55.00 56.00 05600 RADIOISOTOPE 0 0 0 0 56.00		05400	RADIOLOGY-DIAGNOSTIC						
0 0 0									
2,990,344 0 2,990,344 56.01						- 1			
	JU.UI	10300T	CARDIAC CATH LAS	2,990,344	0	2,990,344			56.01

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | Part I | Date/Time | Prepared: | 5/22/2013 | 11:41 am Provider CCN: 150026

				'		5/22/2013 11:4	
	Cost Center Description	Subtotal	Intern &	Total			
			Residents Cost				
			& Post				
			Stepdown Adjustments				
		24.00	25.00	26.00			
57.00	05700 CT SCAN	0	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000 LABORATORY	6,737,323	0	6,737,323			60.00
60.01	06001 BLOOD LABORATORY	0	O) 0			60.01 61.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0				62.00
62.00 63.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	o o			64.00
65.00	06500 RESPIRATORY THERAPY	2.183,909	Ö	2,183,909			65.00
66.00	06600 PHYSICAL THERAPY	3,986,174	C	3,986,174			66.00
67.00	06700 OCCUPATIONAL THERAPY	702,601		702,601			67.00
68.00	06800 SPEECH PATHOLOGY	509,827	C	509,827			68.00
69.00	06900 ELECTROCARDIOLOGY	304,803	C	304,803			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0 027 202			70.00 71.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,037,293		8,037,293 13,444,331			72.00
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	13,444,331 25,898,265	ď	25,898,265			73.00
74.00	07400 RENAL DIALYSIS	25,050,205	Č	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	o	d	0			75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0		0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C	0			89.00
90.00	09000 CLINIC	682,119	C	682,119			90.00
90.01	09001 WOMEN'S CENTER	1 770 202	(1 770 202			90.01
90.02	09002 WOUND CLINIC	1,779,292		1,779,292 780,834			90.03
90.03 91.00	09003 MOBILE CLINIC 09100 EMERGENCY	780,834 6,184,090		6,184,090			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0,104,030	Č) 0,101,030			92.00
32.00	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	(C			94.00
95.00	09500 AMBULANCE SERVICES	0	(9			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	(96.00 97.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	(98.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS 09900 CMHC	0					99.00
99.00	09910 CORF	0	ì	ol o			99.10
	10000 I&R SERVICES-NOT APPRVD PRGM	Ö	ĺ	o d			100.00
	10100 HOME HEALTH AGENCY	3,054,080	(3,054,080			101.00
	SPECIAL PURPOSE COST CENTERS						
	10500 KIDNEY ACQUISITION	0	(105.00
	10600 HEART ACQUISITION	0					107.00
	10700 LIVER ACQUISITION	0					108.00
	10800 LUNG ACQUISITION 10900 PANCREAS ACQUISITION	0					109.00
	11000 INTESTINAL ACQUISITION	ŏ		ol d			110.00
	11100 ISLET ACQUISITION	0	(0			111.00
	11300 INTEREST EXPENSE						113.00
	11400 UTILIZATION REVIEW-SNF						114.00
	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0 2 255 226)		115.00 116.00
	11600 HOSPICE	2,055,328		2,055,328			118.00
118.00		154,372,907		154,372,907			110.00
100.00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,726,966	I (2,726,966	i		190.00
	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	1,246,520	1	1,246,520			190.01
	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	2,210,000		0 ()		190.02
	19003 LIFELINE	10,651	(10,653	<u>.</u>		190.03
	19004 COMMUNITY RELATIONS	8,636,901		8,636,90	4		190.04
190.05	19005 PRIVATE DUTY	-1	1	0 -1			190.05
	19006 PROFESSIONAL DEVELOPMENT	1,588,912	•	0 1,588,912			190.06
	19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN			U C			190.07 191.00
	19100 RESEARCH			0 ((192.00
	19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS			ŏ	6		193.00
200.00							200.00
200.00				o			201.00
202.00		168,582,856	5	0 168,582,850	5		202.00

			10 12/31/2012 Date/Time Pre	
	Cost Center Description	Statistics Code	Statistics Description	71 4111
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.02
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	MAN HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	С	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	18	TIME SPENT	18.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM	23	ASSIGNED TIME	23.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

OSPITAL In Lieu of Form CMS-2552-10

Provider CCN: 150026 | Period: From 01/01/2012 | To 12/31/2012 | Date/Time Prepared: 5/22/2013 11:41 am

					3 12/31/2012	5/22/2013 11:4	
			CAPITAL REI	LATED COSTS			
en entre	Cost Center Description	Directly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	SELS II
		Assigned New				BENEFITS	
		Capital					
		Related Costs	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS		1.00	2.00		1,00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP					71 627	2.00
4.00	00400 EMPLOYEE BENEFITS	0	65,226		71,627 95,864	71,627 896	4.00 5.01
5.01 5.02	00550 CASHIERING/ACCOUNTS RECEIVABLE 00560 OTHER ADMINISTRATIVE AND GENERAL	0	93,748 420,022		,	10,882	5.02
6.00	00600 MAINTENANCE & REPAIRS	ő	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	0	407,893		445,214	918	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	26,606		28,857	39	8.00
9.00	00900 HOUSEKEEPING 01000 DIETARY	0	6,900 27,024		13,189 29,621	1,088 208	9.00 10.00
10.00 11.00	01100 CAFETERIA	0	83,736		91,783	644	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	, o	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	21,838		73,505	1,684	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	37,093		119,410 38,418	252 1,436	14.00 15.00
15.00 16.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0	30,596 64,318		-	1,507	16.00
17.00	01700 SOCIAL SERVICE	o	9,291		11,018	449	17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0.	O	0	0	0	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 21.00	02000 NURSING SCHOOL	0	0		0	0	20.00
22.00	02100 i&r SERVICES-SALARY & FRINGES APPRVD 02200 i&r SERVICES-OTHER PRGM COSTS APPRVD	ő	ĺ	ő	ŏ	0	22.00
23.00	02300 PARAMED ED PRGM	0	3,241	0	3,241	141	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS			122 001	671 563	9.403	20.00
	03000 ADULTS & PEDIATRICS	0	,		671,563 332,599	8,493 1,718	30.00 31.00
31.00 32.00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	0	143,474	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	d	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 42.00	04100 SUBPROVIDER - IRF 04200 SUBPROVIDER	0	C		Ö	ő	42.00
43.00	04300 NURSERY	o	18,626	9,339	27,965	289	43.00
44.00	04400 SKILLED NURSING FACILITY	0	C	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	C		0	0	45.00 46.00
46.00	04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS			٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	1		10.00
50.00	05000 OPERATING ROOM	0	662,560	1,682,569	2,345,129	5,144	50.00
51.00	05100 RECOVERY ROOM	0	,				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	99,813	50,042	149,855	1,550 0	
53.00 53.01	05300 ANESTHESIOLOGY 05301 PAIN MANAGEMENT	0	42,207	2,093	44,300		
54.00	05400 RADIOLOGY-DIAGNOSTIC	Ŏ	1,085,578		1	15,026	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,762	15,951		101	1
56.00	05600 RADIOISOTOPE	0		1		l	
56.01 57.00	05601 CARDIAC CATH LAB 05700 CT SCAN	0	39,585	430,245	469,830	0	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	Ö	i i		C	0	I .
59.00	05900 CARDIAC CATHETERIZATION	0	(o C	0	0	
60.00	06000 LABORATORY	0	89,643	82,153	171,796	2,923	
	06001 BLOOD LABORATORY	0) .			61.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				ď	0	1
	06300 BLOOD STORING, PROCESSING & TRANS.	0	1	o c	o C	0	
64.00	06400 INTRAVENOUS THERAPY	C	1	0	0	0	
	06500 RESPIRATORY THERAPY		1				
	06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY		1	305			1
	06800 SPEECH PATHOLOGY	ď	1	0	C	353	68.00
	06900 ELECTROCARDIOLOGY	c	1	4,326	11,298		1
	07000 ELECTROENCEPHALOGRAPHY	C		D C		0	1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			n () (
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS			ŏ		1	73.00
	07400 RENAL DIALYSIS	ď	1	0 () (0	10
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90 00	OVERAL HEALTH CLINIC	0	1 1 1	0 () (ol o	88.00
88.00 89.00							
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Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

					5/22/2013 11:	41 am
		CAPITAL REL	ATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
	0	1.00	2.00	2A	4.00	
90.00 09000 CLINIC	0	28,522	11,364	39,886	313	1
90.01 09001 WOMEN'S CENTER	0	0	0	0	0	
90.02 09002 WOUND CLINIC	0	54,177	8,696	62,873	0	50.02
90.03 09003 MOBILE CLINIC	0	0	8,651	8,651	410	1
91.00 09100 EMERGENCY	0	353,745	49,073	402,818	2,735	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				. 0		92.00
94.00 OTHER REIMBURSABLE COST CENTERS 94.00 O9400 HOME PROGRAM DIALYSTS				-1		
	0	0	0	0	0	3
95.00 09500 AMBULANCE SERVICES 96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	1
07 00 00700 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0
99.00 09900 CMHC	0	0	0	0	0	30.00
99.10 09910 CORF	U O	0	0	0	0	33.00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	U	0	0	0	33.10
101.00 10100 HOME HEALTH AGENCY	0	26 020	C 191	42 101	1 003	
SPECIAL PURPOSE COST CENTERS	0	36,920	6,181	43,101	1,903	101.00
105.00 10500 KIDNEY ACQUISITION	0	٥	n n	0	0	105.00
106.00 10600 HEART ACQUISITION	0	1	0	0		106.00
107.00 10700 LIVER ACQUISITION	o o	Ĭ	0	0		107.00
108.00 10800 LUNG ACQUISITION	ŏ	0	ŏ	Ŏ		108.00
109.00 10900 PANCREAS ACQUISITION	ŏ	ام	ŏ	ŏ		109.00
110.00 11000 INTESTINAL ACQUISITION	0	o o	ő	ŏ		110.00
111.00 11100 ISLET ACQUISITION	o o	ő	ŏ	ŏ		111.00
113.00 11300 INTEREST EXPENSE		Ĭ	Ĭ	ŭ	v	113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	o	o	0	0	0	115.00
116.00 11600 HOSPICE	0	36,906	0	36,906		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	4,845,466	6,379,717	11,225,183		118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	231,964	11,461	243,425	1,048	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	66,407	0	66,407	630	190.01
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	8,523	8,523	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	59,133	8,955	68,088		190.04
190.05 19005 PRIVATE DUTY	0	0	0	0		190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0		190.06
190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	O	0		190.07
191.00 19100 RESEARCH	0	0	O	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES 193.00 19300 NONPAID WORKERS	0	0	0	0		192.00
	0	0	0	0	0	193.00
		_	_	0		200.00
201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118-201)		5 202 270	0	0		201.00
TOTAL (Sum THES IIO-201)	0	5,202,970	6,408,656	11,611,626	71,627	202.00

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06800 SPEECH PATHOLOGY

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07400 RENAL DIALYSIS

09001 WOMEN'S CENTER

09002 WOUND CLINIC

07000 ELECTROENCEPHALOGRAPHY

07100 MEDICAL SUPPLIES CHARGED TO PATIENTS

07200 IMPL. DEV. CHARGED TO PATIENTS

07300 DRUGS CHARGED TO PATIENTS

OUTPATIENT SERVICE COST CENTERS

08900 FEDERALLY QUALIFIED HEALTH CENTER

07500 ASC (NON-DISTINCT PART)

08800 RURAL HEALTH CLINIC

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:

From 01/01/2012 To 12/31/2012 Part II
Date/Time Prepared: 5/22/2013 11:41 am Cost Center Description MAINTENANCE & OPERATION OF CASHIERING/ACC OTHER LAUNDRY & OUNTS ADMINISTRATIVE REPAIRS PLANT LINEN SERVICE RECEIVABLE AND GENERAL 6.00 7.00 8.00 90.03 09003 MOBILE CLINIC 101 9,619 0 90.03 91.00 09100 EMERGENCY 3,530 58,489 0 42,396 10,898 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0 0 94.00 09500 AMBULANCE SERVICES 95.00 0 0 0 0 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 96.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 0 98.00 0 99.00 09900 CMHC 0 0 0 99.00 99.10 09910 CORF 0 0 0 0 99.10 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 0 100.00 101.00 10100 HOME HEALTH AGENCY 36,588 4,425 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 0 0 0 105.00 0 0 0 0 106.00 10600 HEART ACQUISITION 0 0 0 0 106.00 107.00 10700 LIVER ACQUISITION 0 0 107.00 108.00 10800 LUNG ACQUISITION 0 0 0 108.00 109.00 10900 PANCREAS ACQUISITION 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 0 0 110.00 111.00 11100 ISLET ACQUISITION 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114.00 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0 115.00 116.00 11600 HOSPICE 780 24,116 0 4,423 0 116.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 96,760 1,993,449 462,450 39,820 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 29,458 27,801 0 190.00 190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 0 0 190.01 0 14.150 7,959 190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 0 0 190.02 190.03 19003 LIFELINE 0 137 0 190.03 190.04 19004 COMMUNITY RELATIONS 0 0 109,484 7,087 0 190.04 190.05 19005 PRIVATE DUTY 0 190.05 190.06 19006 PROFESSIONAL DEVELOPMENT 20,425 0000 0 190.06 190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 191.00 19100 RESEARCH 0 190.07 0 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192.00 0 0 193.00 19300 NONPAID WORKERS 0 n 0 193.00 200.00 Cross Foot Adjustments 200.00

96,760

2,167,103

201.00

202.00

Negative Cost Centers

TOTAL (sum lines 118-201)

0 201.00

39,820 202.00

505,297

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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Company Septical Control S	Why.	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA		NURSING	
COMMISSION SERVICES COST CENTERS		The state of the s	9.00	10.00	11.00			
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72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 73.00 073.00 073.00 073.00 073.00 073.00 074.00 074.00 074.00 074.00 074.00 075.00 07			0	0		٠,	-1	
73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 74.00 74.00 07400 RENAL DIALYSIS 0 0 0 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 08900 RURAL HEALTH CLINIC 0 0 0 0 0 88.00 99.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 89.00 90.00 09000 CLINIC 279 0 748 0 0 90.00 90.01 09001 WOMEN'S CENTER 0 0 0 0 0 0 90.00 90.02 09002 WOUND CLINIC 530 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		I I	0	0		· ·	-1	1
74.00 07400 RENAL DIALYSIS 0 0 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 75.00 00 0 0 0 0 0 0 0 0		1	0	ő		o o	-1	
75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 75.00		1 I	0	0		-	-1	1
88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 0 0		1 1	0	0		0	0 0	75.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 0 0			T =		T. Company		n	88 00
90.00 09000 CLINIC 279 0 748 0 0 90.00 90.01 09001 WOMEN'S CENTER 0 0 0 90.01 90.02 09002 WOUND CLINIC 530 0 0 0 0 0 90.02			1				-1	
90.01 09000 CLINIC 279 0 0 0 0 0 90.01 90.02 09002 wound CLINIC 530 0 0 0 0 0 0 0 0 0			-1			١	T)	
90.02 09002 wound CLINIC 530 0 0 0 90.02		l i	_1			1	9	1
0 000 00 000 00		1	1	_		~	-	
The state of the s		1	0	0	68	2	0 966	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period: Worksheet B From 01/01/2012 Part II

Date/Time Prepared: 12/31/2012 5/22/2013 11:41 am Cost Center Description HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF NURSING PERSONNEL ADMINISTRATION 9.00 10.00 11.00 12.00 13.00 91.00 09100 EMERGENCY 3,462 6,030 13,212 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 94 00 09400 HOME PROGRAM DIALYSIS 94.00 0 95.00 09500 AMBULANCE SERVICES 95.00 0 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 0 0 0 96.00 ó 09700 DURABLE MEDICAL EQUIP-SOLD 0 O 97.00 05950 OTHER REIMBURSABLE COST CENTERS 0 98.00 0 98.00 99.00 09900 CMHC 0 0 0 0 99.00 99.10 09910 CORF 99.10 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 100.00 101.00 10100 HOME HEALTH AGENCY 361 3,894 4,424 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 0 105.00 O 0 106.00 10600 HEART ACQUISITION 0 0 0 0 106.00 107.00 10700 LIVER ACQUISITION 0 0 0 0 107.00 108.00 10800 LUNG ACQUISITION 0 108.00 109.00 10900 PANCREAS ACQUISITION 0 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 0 110.00 111.00 11100 ISLET ACQUISITION 0 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114.00 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0 0 115.00 116.00 11600 HOSPICE 361 1,886 2,443 116.00 SUBTOTALS (SUM OF LINES 1-117) 118.00 37,429 40,222 106,510 0 111,212 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 2.270 2,649 2,053 190.00 190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 650 0 1,418 0 1,261 190.01 190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 190.02 190.03 19003 LIFELINE 0 0 190.03 190.04 19004 COMMUNITY RELATIONS 3,182 5 190.04 190.05 19005 PRIVATE DUTY 0 0 0 0 190.05 190.06 19006 PROFESSIONAL DEVELOPMENT 0 0 0 0 0 190.06 190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 0 190.07 191.00 19100 RESEARCH 0 0 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 192.00 193.00 19300 NONPAID WORKERS 0 0 193.00 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 0 201.00 202.00 TOTAL (sum lines 118-201) 40,928 40,222 113.759 114,531 202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

| Period: | Worksheet B | From 01/01/2012 | Part II | To 12/31/2012 | Date/Time Prepared: 5/22/2013 11:41 am

CENTRAL SERVICES & RECORDS & LIBRARY 14.00 15.00 16.00 17.00	
SERVICES & SUPPLY LIBRARY 14.00 15.00 16.00 17.00	1.00 2.00 4.00 5.01 5.02 6.00 7.00 8.00
SUPPLY LIBRARY 14.00 15.00 16.00 17.00 1	1.00 2.00 4.00 5.01 5.02 6.00 7.00 8.00
GENERAL SERVICE COST CENTERS 1.00	1.00 2.00 4.00 5.01 5.02 6.00 7.00 8.00
1.00 00100 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS 5.01 00550 CASHIERING/ACCOUNTS RECEIVABLE 5.02 00560 OTHER ADMINISTRATIVE AND GENERAL 6.00 00600 MAINTENANCE & REPAIRS 7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE	2.00 4.00 5.01 5.02 6.00 7.00 8.00
4.00 00400 EMPLOYEE BENEFITS 5.01 00550 CASHIERING/ACCOUNTS RECEIVABLE 5.02 00560 OTHER ADMINISTRATIVE AND GENERAL 6.00 00600 MAINTENANCE & REPAIRS 7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE	4.00 5.01 5.02 6.00 7.00 8.00
5.01 00550 CASHIERING/ACCOUNTS RECEIVABLE 5.02 00560 OTHER ADMINISTRATIVE AND GENERAL 6.00 00600 MAINTENANCE & REPAIRS 7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE	5.01 5.02 6.00 7.00 8.00
5.02	5.02 6.00 7.00 8.00
6.00 00600 MAINTENANCE & REPAIRS	7.00 8.00
8.00 00800 LAUNDRY & LINEN SERVICE	8.00
9.00 00900 HOUSEKEEPING	
10.00 01000 DIETARY	10.00
11.00 01100 CAFETERIA	11.00
12.00 01200 MAINTENANCE OF PERSONNEL 13.00 01300 NURSING ADMINISTRATION	12.00
14.00 01400 CENTRAL SERVICES & SUPPLY 134,517	14.00
15.00 01500 PHARMACY 237 76,950	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY 1 0 172,385	1.971 16.00 17.00
17.00 01700 SOCIAL SERVICE 7 0 0 2 18.00 01850 OTHER GENERAL SERVICE (SPECIFY) 0 0 0 0 0 0 0 0 0	1,971 17.00 0 18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS 0 0	0 0 19.00
20.00 02000 NURSING SCHOOL 0 0 0	0 0 20.00
21.00 02100 1&R SERVICES-SALARY & FRINGES APPRVD 0 0 0	0 0 21.00 0 0 22.00
22.00 02200 1&R SERVICES-OTHER PRGM COSTS APPRVD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS	7
30100 03000 03000	5,442 0 30.00 1.715 0 31.00
31.00 03100 INTENSIVE CARE UNIT	1,715 0 31.00 0 0 32.00
33.00 03300 BURN INTENSIVE CARE UNIT 0 0	0 0 33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 0	0 0 34.00
40.00 04000 SUBPROVIDER - IPF	0 0 40.00 0 0 41.00
41.00 04100 SUBPROVIDER - IRF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 42.00
43.00 04300 Nursery 197 0 707	0 43.00
44.00 04400 SKILLED NURSING FACILITY 0 0 0	0 0 44.00 0 0 45.00
45.00 04500 NURSING FACILITY	0 0 45.00
ANCILLARY SERVICE COST CENTERS	
50.00 OFERATING ROOM 81,443 0 17,832	0 50.00
51.00 05100 RECOVERY ROOM 426 0 1,431 0 0 0 0 0 0 0 0 0	0 0 51.00 0 0 52.00
52.00 05200 DELIVERY ROOM & LABOR ROOM 1,055 0 2,041	0 0 53.00
53.01 05301 PAIN MANAGEMENT 19 0 658	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC 9,294 0 37,536 55.00 05500 RADIOLOGY-THERAPEUTIC 0 93	0 0 54.00 0 55.00
55.00 05500 RADIOLOGY-THERAPEUTIC 0 0 93 0 0 0 0 0 0 0 0 0	0 0 56.00
56.01 05601 CARDIAC CATH LAB 14,737 0 4,878	0 0 56.01
57.00 05700 CT SCAN 0 0 0 0	0 0 57.00 0 58.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 0 0 0 0 0 0 0 0	0 0 59.00
59.00 05900 CARDIAC CATHETERIZATION 0 U U 0 0 0 0 0 0 0	0 0 60.00
60.01 06001 BLOOD LABORATORY 0 0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 0 0 0 0 0	0 0 63.00
64.00 06400 INTRAVENOUS THERAPY 0 0 0	0 0 64.00
65.00 06500 RESPIRATORY THERAPY 704 0 2,417	0 65.00
66.00 06600 PHYSICAL THERAPY 96 0 2,587 67.00 06700 OCCUPATIONAL THERAPY 37 0 761	0 0 66.00 0 0 67.00
67.00 06700 OCCUPATIONAL THERAPY 37 0 761 68.00 06800 SPEECH PATHOLOGY 28 0 402	0 0 68.00
69.00 06900 ELECTROCARDIOLOGY 34 0 1,465	0 0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 7.368	0 0 70.00 0 71.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 7,368 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 8,915	0 0 72.00
73.00 O7300 DRUGS CHARGED TO PATIENTS 0 76,950 44,683	0 0 73.00
74.00 07400 RENAL DIALYSIS 0 0 0	0 0 74.00 0 75.00
75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 OUTPATIENT SERVICE COST CENTERS	0 0 75.00
OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0	0 0 89.00
90.00 09000 CLINIC 70 0 734	0 0 90.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150026

Period: Worksheet B From 01/01/2012 Part II Date/Time Prepared: 5/22/2013 11:41 am

				'	0 12/31/2012	5/22/2013 11:4	
				2.4 2.1 in.		OTHER GENERAL	
						SERVICE	
	Cost Center Description	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	(SPECIFY)	
		SERVICES &	718407101	RECORDS &	JUCIAL SERVICE	CSI ECTI IS	
		SUPPLY		LIBRARY			400
		14.00	15.00	16.00	17.00	18.00	
90.01	09001 WOMEN'S CENTER	0	13.00	10,00	1,100	0	90.01
90.02	09002 WOUND CLINIC	1,765	Ď	1,580	ŏ	ŏ	90.02
	09003 MOBILE CLINIC	93	0	180	l	0	90.02
	09100 EMERGENCY	2,377	0	6,281	1	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,377	٥	0,201	4,814	U	91.00
32.00	OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400 HOME PROGRAM DIALYSIS	T of	O	0		^	04.00
	09500 AMBULANCE SERVICES	0	- 1	0	0	0	
		0	0	0	0	0	95.00
90.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	O	0	. 0	0	. 0	
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	
	09900 CMHC	0	0	0	0	0	99.00
	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	10100 HOME HEALTH AGENCY	125	0	625	0	0	101.00
	SPECIAL PURPOSE COST CENTERS	7				100	
105.00	10500 KIDNEY ACQUISITION	0	. 0	0	0	0	105.00
	10600 HEART ACQUISITION	0	0	0	l o	0	106.00
	10700 LIVER ACQUISITION	0	0	0	l ol	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	Ö		108.00
109.00	10900 PANCREAS ACQUISITION	0	ol	0	o		109.00
110.00	11000 INTESTINAL ACQUISITION	0	o	0	o		110.00
111.00	11100 ISLET ACQUISITION	0	o	0	o		111.00
	11300 INTEREST EXPENSE		- ا	J	Ĭ		113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	n	0	115.00
116.00	11600 HOSPICE	3,288	0	1,388	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	134,428	76,950	172,385	21,971		118.00
	NONREIMBURSABLE COST CENTERS	131,120	70,550	172,303	21,3/1	U	110.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	58	O	0	0	^	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	٥	0	0		190.00
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	٥		190.01
190.03	19003 LIFELINE	0	0	0	٥		
190.04	19004 COMMUNITY RELATIONS	31	0	0	0		190.03
190.05	19005 PRIVATE DUTY	31	o o	0	0		190.04
	19006 PROFESSIONAL DEVELOPMENT		0	U	U		190.05
190.00	19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	U	U		190.06
191 00	19100 RESEARCH	j oj	0	0	O		190.07
		0	0	0	o		191.00
103 00	19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS	0	0	0	0		192.00
200.00		o o	0	0	0		193.00
1	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	134,517	76,950	172,385	21,971	0	202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2012 Part II
To 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am

					RESIDENTS		
	Cost Center Description	The same of the sa	NURSING SCHOOL		SERVICES-OTHER		
		ANESTHETISTS 19.00	20.00	Y & FRINGES 21.00	PRGM COSTS 22.00	PRGM 23.00	
E	GENERAL SERVICE COST CENTERS	19.00	20.00	21.00	1 22,00	23.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT		Ĭ				1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02 6.00	00560 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
	01000 DIETARY						10.00
	01100 CAFETERIA						11.00
	01200 MAINTENANCE OF PERSONNEL						12.00
	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY						14.00
	01500 PHARMACY						15.00
	01600 MEDICAL RECORDS & LIBRARY						16.00
	01700 SOCIAL SERVICE						17.00
	01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
	01900 NONPHYSICIAN ANESTHETISTS	C)				19.00
	02000 NURSING SCHOOL			ή .			20.00
	02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			1	0		22.00
	02300 PARAMED ED PRGM					6,998	1
23.00	INPATIENT ROUTINE SERVICE COST CENTERS					, , , , , ,	
30.00	03000 ADULTS & PEDIATRICS						30.00
	03100 INTENSIVE CARE UNIT						31.00
	03200 CORONARY CARE UNIT						32.00
	03300 BURN INTENSIVE CARE UNIT						34.00
	03400 SURGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF						40.00
	04100 SUBPROVIDER - IRF						41.00
	04200 SUBPROVIDER						42.00
	04300 NURSERY						43.00
	04400 SKILLED NURSING FACILITY						44.00
	04500 NURSING FACILITY						45.00 46.00
46.00	04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS		<u> </u>			L	10.00
50.00	05000 OPERATING ROOM						50.00
	05100 RECOVERY ROOM						51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM						52.00
	05300 ANESTHESIOLOGY						53.00
	05301 PAIN MANAGEMENT						53.01
	05400 RADIOLOGY-DIAGNOSTIC						55.00
	05500 RADIOLOGY-THERAPEUTIC 05600 RADIOISOTOPE						56.00
	05601 CARDIAC CATH LAB						56.01
57.00	05700 CT SCAN						57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)						58.00
	05900 CARDIAC CATHETERIZATION						59.00
	06000 LABORATORY						60.00
	06001 BLOOD LABORATORY						61.00
	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
	06300 BLOOD STORING, PROCESSING & TRANS.						63.00
	06400 INTRAVENOUS THERAPY						64.00
	06500 RESPIRATORY THERAPY					1	65.00
	06600 PHYSICAL THERAPY						66.00
	06700 OCCUPATIONAL THERAPY						68.00
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY						69.00
	07000 ELECTROCARDIOLOGY						70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS						72.00
	07300 DRUGS CHARGED TO PATIENTS						73.00
	07400 RENAL DIALYSIS						74.00
75.00	07500 ASC (NON-DISTINCT PART)		1000000				73.00
88 70	00TPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	<u> </u>					88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
	property and the second of the	1	1	1		1	90.00
	09000 CLINIC						90.01

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

						5/22/2013 11	
	AND THE RESERVE OF THE PARTY OF	400000000000000000000000000000000000000		INTERNS &	RESIDENTS	PARAMED ED	
	Cost Center Description	NONPHYSICIAN	NURSTNG SCHOOL	SERVICES-SALAR	SERVICES-OTHER		
		ANESTHETISTS		Y & FRINGES	PRGM COSTS	PRGM	
		19.00	20.00	21.00	22.00	23.00	
	09002 WOUND CLINIC						90.02
	09003 MOBILE CLINIC						90.03
	09100 EMERGENCY						91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
94.00	07HER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS						4
	09500 AMBULANCE SERVICES				İ		94.00
	09600 DURABLE MEDICAL EQUIP-RENTED						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD						96.00
	05950 OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900 CMHC		1				99.00
	09910 CORF				.		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				1		100.00
101.00	10100 HOME HEALTH AGENCY						101.00
	SPECIAL PURPOSE COST CENTERS	1					101.00
105.00	10500 KIDNEY ACQUISITION				I		105.00
106.00	10600 HEART ACQUISITION						106.00
107.00	10700 LIVER ACQUISITION			ļ			107.00
	10800 LUNG ACQUISITION						108.00
	10900 PANCREAS ACQUISITION						109.00
	11000 INTESTINAL ACQUISITION						110.00
111.00	11100 ISLET ACQUISITION						111.00
114.00	11300 INTEREST EXPENSE						113.00
115 00	11400 UTILIZATION REVIEW-SNF						114.00
116.00	11500 AMBULATORY SURGICAL CENTER (D.P.) 11600 HOSPICE						115.00
118.00			0	0	0	,	116.00
	NONREIMBURSABLE COST CENTERS		<u> </u>	U	η <u>υ</u>		1110.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		Ï		T T		190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED						190.00
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN						190.02
190.03	19003 LIFELINE						190.03
190.04	19004 COMMUNITY RELATIONS						190.04
	19005 PRIVATE DUTY						190.05
190.06	19006 PROFESSIONAL DEVELOPMENT						190.06
190.07	19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN						190.07
	19100 RESEARCH						191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES						192.00
	19300 NONPAID WORKERS						193.00
200.00		· · · · ·	2	0	0		200.00
202.00			0	0	0		201.00
202.00	LIGIAL (SMILLINGS TTO-SOT)	1	0	0	0	6,998	202.00

Provider CCN: 150026

					5/22/2013 11:	
	Cost Center Description	Subtotal	Intern &	Total		
			Residents Cost & Post			
			Stepdown			
			Adjustments	26.00		
		24.00	25.00	26.00		
.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT				**************************************	1.0
.00	00200 CAP REL COSTS-MVBLE EQUIP					2.0
00	00400 EMPLOYEE BENEFITS					4.0
01	00550 CASHIERING/ACCOUNTS RECEIVABLE					5.0
. 02	00560 OTHER ADMINISTRATIVE AND GENERAL					6.0
.00 .00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT					7.0
.00	00800 LAUNDRY & LINEN SERVICE					8.0
.00	00900 HOUSEKEEPING					9.0
0.00	01000 DIETARY					10.0
2.00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL					12.0
3.00	01300 NURSING ADMINISTRATION					13.0
4.00	01400 CENTRAL SERVICES & SUPPLY					14.0
5.00	01500 PHARMACY					15.0
6.00	01600 MEDICAL RECORDS & LIBRARY					16.0
7.00	01700 SOCIAL SERVICE					18.0
8.00 9.00	01850 OTHER GENERAL SERVICE (SPECIFY) 01900 NONPHYSICIAN ANESTHETISTS					19.0
0.00	02000 NURSING SCHOOL					20.0
1.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	1				21.0
2.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD					22.0
23.00	02300 PARAMED ED PRGM INPATIENT ROUTINE SERVICE COST CENTERS				ike-/	
30.00	03000 ADULTS & PEDIATRICS	1,063,503	0	1,063,503		30.0
31.00	03100 INTENSIVE CARE UNIT	417,143	0	417,143		31.0
32.00	03200 CORONARY CARE UNIT	0	0	0		32.0
3.00	03300 BURN INTENSIVE CARE UNIT	0	0			33.0
4.00	03400 SURGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	0				40.0
41.00	04100 SUBPROVIDER - IRF	Ö	i o	o		41.0
2.00	04200 SUBPROVIDER	0	o	0		42.0
43.00	04300 NURSERY	40,304	0	40,304		43.0
44.00	04400 SKILLED NURSING FACILITY	0	C	_		44.0
15.00 16.00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	1	1	1	46.0
10.00	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	2,755,451		1 '		50.0
51.00	05100 RECOVERY ROOM	84,472	_	1 - 1 - 1 - 1 - 1		51.0
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	212,940		212,940		53.0
	05301 PAIN MANAGEMENT	62,141		62,141		53.0
4.00	05400 RADIOLOGY-DIAGNOSTIC	3,345,035		_,_,_,		54.
55.00	05500 RADIOLOGY-THERAPEUTIC	25,072		25,072		55.0 56.0
6.00	05600 RADIOISOTOPE 05601 CARDIAC CATH LAB	536,960			,	56.
56.01 57.00		330,900) 350,500		57.
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	d				58.
59.00		C	oj c) (59.
	06000 LABORATORY	302,371		302,371		60. 60.
	06001 BLOOD LABORATORY	C))		61.
	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS) () (o l	62.
	06300 BLOOD STORING, PROCESSING & TRANS.	6	ò) d)	63.
	06400 INTRAVENOUS THERAPY	0				64.
	06500 RESPIRATORY THERAPY	94,108		1	1	65. 66.
	06600 PHYSICAL THERAPY	374,722		374,722		67.
	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	11,667 8,003		1		68.
	06900 ELECTROCARDIOLOGY	18,500	1		I .	69.
	07000 ELECTROENCEPHALOGRAPHY) () (70.
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	112,810	1	112,810		71.
	07200 IMPL. DEV. CHARGED TO PATIENTS	184,308	1	184,308		73.
	07300 DRUGS CHARGED TO PATIENTS	435,864		435,864	1	74
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)		1			75.
	OUTPATIENT SERVICE COST CENTERS	' 272 191				
				N		88.
88.00	08800 RURAL HEALTH CLINIC	(1	- 1		
88.00 89.00	08800 RURAL HEALTH CLINIC	53,766		- 1		89.

Health Financial Systems IU HEALTH GOSHEN HOSPITAL In Lieu of Form CMS-2552-10 ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150026 Period: Worksheet B From 01/01/2012 To 12/31/2012 Part II Date/Time Prepared: 5/22/2013 11:41 am Cost Center Description Subtotal Intern & Total Residents Cost & Post Stepdown Adjustments 24.00 26.00 90.01 |09001 WOMEN'S CENTER 90.01 09002 WOUND CLINIC 90.02 95,342 95,342 90.02 90.03 09003 MOBILE CLINIC 20,702 20,702 90.03 91.00 09100 EMERGENCY 557,042 557,042 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 94.00 95.00 09500 AMBULANCE SERVICES 0 0 0 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 96.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 97.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 98.00 99.00 09900 CMHC 99.00

	03300 CMAC	ı V	U	U	99.00
	09910 CORF	0	0	0	99.10
	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	95,797	0	95,797	101.00
	SPECIAL PURPOSE COST CENTERS		4.4%		
	10500 KIDNEY ACQUISITION	0	0	0	105.00
	10600 HEART ACQUISITION	0	0	0	106.00
	10700 LIVER ACQUISITION	0	0	0	107.00
	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
	11100 ISLET ACQUISITION	0	0	0	111.00
	11300 INTEREST EXPENSE				113.00
	11400 UTILIZATION REVIEW-SNF				114.00
	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
	11600 HOSPICE	76,409	0	76,409	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,984,432	0	10,984,432	118.00
	NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	308,762	0	308,762	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	92,475	0	92,475	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	190.02
190.03	19003 LIFELINE	8,660	0	8,660	190.03

00000000000 190.04 19004 COMMUNITY RELATIONS 189,874 189,874 190.04 190.05 19005 PRIVATE DUTY 190.05 190.06 19006 PROFESSIONAL DEVELOPMENT 20,425 20,425 190.06 190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 190.07 191.00 19100 RESEARCH 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192.00 193.00 19300 NONPAID WORKERS 193.00 200.00 Cross Foot Adjustments 6,998 200.00 201.00 Negative Cost Centers 201.00 202.00 TOTAL (sum lines 118-201) 11,611,626 11,611,626 202.00

190.03

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

| Period: | Worksheet B-1 | From 01/01/2012 | To 12/31/2012 | Date/Time Prepared:

CAPITAL RELATED COTS CAPITAL RELATED COTS CAPITAL RELATED COTS CAPITAL RELATED COTS						o 12/31/2012	Date/Time Prep 5/22/2013 11:4	
SQUARE FEET COLLAR VALUE SERETTS CARDSS SECTIONS SEC			CAPITAL RE	LATED COSTS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (1111
CRITICAL SERVICE COST CENTERS			DI DC 9 FTYGT	LANGUE FOUTD	EMBI OVEE	CASILTEDING (ACC	Bosonsiliation	
STREAKL SERVICE COST CONTESS 1.00 2.00 3.01 5.02		Cost Center Description			www.co.co.co.co.co.co.co.co.co.co.co.co.co.		Reconciliation	
					(GROSS	(*************************************		
1.00 C. 2.60 A. 2.00 S. 9.02					SALARIES)			
1.00 00.000 CAP REL COSTS-RELE & FIXT 361.191 6,977,947 60.006 60.006,658 4.40 60.006 60.006,658 4.40 60.006 60.006,658 6.50 6.50 60.006,658 6.50 6.50 60.006,658 6.50 6.5			1.00	2.00	4.00		5A.02	
2.00 002000 CAP REL COSTS-WALLE EQUIP 4.00 00000 PROVICE SENETTS 5.01 005500 CASHICERINA/ACCOUNTS RECCEIVABLE 6.508 2.304 751,886 454,798,199 0.30550 CASHICERINA/ACCOUNTS RECCEIVABLE 6.508 2.304 751,886 454,798,199 0.30550 CASHICERINA/ACCOUNTS RECCEIVABLE 6.508 2.304 770,475 0.00 0.700 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA/ACCOUNTS RECCEIVABLE 7.500 0.0000 CASHICERINA RECCEIVABLE 7.500 0.0000 CASHICERINA CASHICERINA RECCEIVABLE 7.500 0.0000 CASHICERINA CASH			1			T		1 00
4.00 0.000 DOR-LOYCE EMPETTS 4.728			361,191		,			
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0.000 0.00000 0.00000000								
0.000 000 000 PREMATION OF PLANT 0.000 000 NUNSKEEPING 1.847 9 6.848 912,942 0 0 9.8.00 9.00 10.000 NUNSKEEPING 1.756 2.751 1.857 1.251 0 0 10.00 1.10.00 10100 CAFETERIA CONTROLLER			1	-1 -	9,129,39			
8.00 00000 LANDRY & LINEN SERVICE 1.847 2.451 32,520 0 0 8.00 0.00 000 10000 DIETARY 1.876 2.828 174,183 0 0 9.00 10.00 10.00 DIETARY 1.876 2.828 174,183 0 0 10.00 11.00 11.00 01.00 CAFTERIA 5.818 1.876 2.828 174,183 0 0 10.00 11.00 11.00 01.00 CAFTERIA 5.818 1.876 2.828 174,183 0 0 11.00 01.00 01.00 CAFTERIA 5.818 1.876 2.828 174,183 0 0 11.00 01.00 01.00 CAFTERIA 5.818 1.876 2.828 174,183 0 0 11.00 01.00 CAFTERIA 5.818 1		1	1	1	770,47	s o	1	
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14.00 01400 CENTRAL SERVICES & SUPPLY 2.575 89,629 211,671 0 0 14.00			3,622	0)	o c	0	
15.00 0.1500 PHARPMACY 2,124 8,517 1,204,381 0 0 15.00				1	1			
16.00 1.600 MEDICAL RECORDS & LIBRARY 4.465 \$3,180 1.264.484 0 0 16.00 17.00 17.00 17.00 17.00 0.00 0.00 0.		i i		1	1		1 1	
17.00 01700 SOCIAL SERVICE (SPECIFY) 0 0 0 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 01900 000				1	1		o	
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21.00					δ		o o	
0.300 PARAMED ED PROM 225 0 118,119 0 23.00				o c		o c) 0	
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34.00 03400 SURRICAL INTENSIVE CARE UNIT 0 0 0 0 0 0 34.00 40.00 04000 SURPROVIDER - IPF 0 0 0 0 0 0 0 41.00 04000 SURPROVIDER - IPF 0 0 0 0 0 0 42.00 04200 SURPROVIDER 1,7293 10,169 242,684 1,866,305 0 43.00 44.00 04000 SURPROVIDER 1,293 10,169 242,684 1,866,305 0 44.00 44.00 04000 SURPROVIDER 0 0 0 0 0 0 44.00 04500 SURPROVIDER 0 0 0 0 0 0 45.00 04500 SURPROVIDER 0 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 46.00 04500 SURPROVIDER 0 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 0 46.00 05000 SURPROVIDER 0 0 0 0 0 0 46.00 05000							1 -1	
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42.00 04200 SUBPROVIDER				0 0		0	"	
1,293 10,169 242,684 1,866,305 0 43.00		1		ol (
1.00 0.00		1	1,29	10,169	242,68	1,866,305	0	43.00
46.00 06600 OTHER LONG TERM CARE				0		0 (- 1	
ANCILLARY SERVICE COST CENTERS				0 (0 (- 1	
50,00 05000 05000 05000 0510	40.00		,	ν	21	9	1	
10 10 10 10 10 10 10 10		05000 OPERATING ROOM					. 1	
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S4.00 O5400 RADIOLOGY-DIAGNOSTIC C5.00 O5500 RADIOLOGY-THERAPEUTIC A00 17,368 84,524 244,551 O55.00 O5600 RADIOLOGY-THERAPEUTIC A00 17,368 84,524 244,551 O55.00 O5600 RADIOLOGY-THERAPEUTIC A00 17,368 84,524 244,551 O55.00 O5600 RADIOLOGY-THERAPEUTIC A00 17,368 84,524 244,551 O56.00 O5600 RADIOLOGY-THERAPEUTIC A00 17,368 84,524 244,551 O56.00 O5600 RADIOLOGY-THERAPEUTIC A00 O O O O O O O O O			0,52	0 0	2,500,55	0 (53.00
17,368 84,524 244,551 0 55.00 65.0							1	1
056.00 056.00 056.01 0							ا ا	
57.00 05700 CT SCAN 0 0 0 0 0 0 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 0 0 0 0 0 59.00 05900 CARDIAC CATHETERIZATION 0 0 0 0 0 60.00 06000 LABORATORY 6,223 89,451 2,452,478 29,825,398 0 60.01 06001 BLOOD LABORATORY 0 0 0 0 0 61.00 06001 BLOOD LABORATORY 0 0 0 0 61.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 0 62.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 0 0 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 0 0 65.00 06500 RESPIRATORY THERAPY 2,211 25,215 1,102,589 6,377,103 065.00 66.00 06600 PHYSICAL THERAPY 15,845 65,706 1,690,328 6,826,849 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 0 332 407,431 2,008,126 0 67.00 68.00 06900 ELECTROCARDIOLOGY 484 4,710 72,548 3,865,853 0 69.00 70.00 07000 ELECTROCARDIOLOGY 484 4,710 72,548 3,865,853 0 69.00 71.00 07000 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 19,439,755 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 23,522,731 0 72.00 73.00 07300 RENAL DIALYSIS 0 0 0 0 0 74.00 75.00 00UTPATIENT SERVICE COST CENTERS				1 .		0 (
\$8.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 0 0 0 0 0 0 0 0			2,74	8 468,464	909,48	2 12,870,25	,	
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60.00 06000 LABORATORY 6,223 89,451 2,452,478 29,825,398 0 60.00 60.				ŏ	o ·	ŏ Ö	o o	59.00
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 62.00 06200 whole blood & packed red blood cells 0 0 0 0 0 0 0 0 0			6,22	89,45	2,452,47	8 29,825,398		
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 0 0 0 0 0			1	0	D	U (-	l .
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67.00 06700 0CCUPATIONAL THERAPY 0 332 407,431 2,008,126 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 296,082 1,061,934 0 68.00 69.00 06900 ELECTROCARDIOLOGY 484 4,710 72,548 3,865,853 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 0 0 70.00 71.00 McDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 19,439,755 0 71.00 72.00 73.00 7300 DRUGS CHARGED TO PATIENTS 0 0 0 0 23,522,731 0 72.00 73.00 73.00 7300 DRUGS CHARGED TO PATIENTS 0 0 0 0 117,355,870 0 73.00 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 75.00 00TPATIENT SERVICE COST CENTERS								
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72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 23,522,731 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 117,355,870 0 73.00 074.00 074.00 RENAL DIALYSIS 0 0 0 0 0 0 0 0 0		1		ŏ	ŏ	0 19,439,75	~I .	71.00
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OUTPATIENT SERVICE COST CENTERS				1	0	-1	-	
	75.00							
	88.00	08800 RURAL HEALTH CLINIC	1	0	0	O	<u>J 0</u>	88.00

ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026 | Period: From 01/01/201 | To 12/31/201

Period: Worksheet B-1
From 01/01/2012
To 12/31/2012 Date/Time Prepared:

				-	Т	o 12/31/2012	Date/Time Pre 5/22/2013 11:	
50.5			CAPITAL RE	LATED COSTS			1 3/22/2013 11.	71 am
		Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			1.00	2.00	4.00	5.01	5A.02	
89.00		FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00		CLINIC	1,980	12,374	262,231	1,936,711	0	90.00
90.01		WOMEN'S CENTER	0	0	0	0	0	90.01
90.02		WOUND CLINIC	3,761	9,468	0	4,167,719	0	90.02
90.03		MOBILE CLINIC	0	9,419	344,150	474,131	0	90.03
91.00		EMERGENCY	24,557	53,432	2,294,524	16,572,574	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		REIMBURSABLE COST CENTERS						
94.00		HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00		AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	1	0	0	0	0	0	
	09910		0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,563		1,596,558	1,648,659	0	101.00
105.00	SPECI	AL PURPOSE COST CENTERS				100000000000000000000000000000000000000		
105.00	10500	KIDNEY ACQUISITION	0		0		_	105.00
100.00	10500	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
100.00	10000	LUNG ACQUISITION	0	0	0	0		108.00
110 00	11000	PANCREAS ACQUISITION	0	0	0	0		
111.00	11100	INTESTINAL ACQUISITION	0	0	0	0		110.00
112.00	11200	ISLET ACQUISITION	0	0	0	0	0	111.00
114 00	11400	INTEREST EXPENSE UTILIZATION REVIEW-SNF						113.00
115.00	11500	MITELIZATION REVIEW-SNF		_	_i			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.) HOSPICE	0	0	0	0		115.00
118.00			2,562	0	686,493	3,661,117		116.00
		SUBTOTALS (SUM OF LINES 1-117)	336,373	6,946,433	57,499,512	454,298,199	-33,680,374	118.00
100 00	10000	IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	15 103	42 420	A=0 .55	-		
190.00	19000	OTHER NR/CHP-GRANT I/COMMUNITY ED	16,103	12,479	879,456	0		190.00
190.01	19001	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	4,610	0	528,182	0		190.01
190.02	19002	LIFELINE	0	0 200	0	0		190.02
		COMMUNITY RELATIONS	I 4	9,280	1 100 400	U		190.03
		PRIVATE DUTY	4,105	9,750	1,189,498	0		190.04
		PROFESSIONAL DEVELOPMENT	0	O O	U	0		190.05
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	o	0		190.06
191.00	19100	RESEARCH	0	0	U	O O		190.07
		PHYSICIANS' PRIVATE OFFICES	0	o o	0	O O		191.00
193.00	19300	NONPAID WORKERS	U O	0	O O	0		192.00
200.00		Cross Foot Adjustments	ų	Ч	U	O ₁	U	193.00
201.00		Negative Cost Centers						200.00
202.00		Cost to be allocated (per Wkst. B, Part	5 202 070	6 400 656	17 056 404	1 020 221		201.00
_52.50		I)	5,202,970	6,408,656	17,056,404	1,828,231		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.405038	0.918416	0 202016	0.004034		202 00
204.00		Cost to be allocated (per Wkst. B, Part	14.403030	0.910410	0.283816	0.004024		203.00
		II)			71,627	96,760		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		İ	0.001192	0.000213		205.00
- 1		(11)	1	I	0.001192	0.000213		203.00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

				To	12/31/2012	Date/Time Pres 5/22/2013 11:4	
	Cost Center Description	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	71 am
		ADMINISTRATIVE		PLANT	LINEN SERVICE	(SQUARE FEET)	
		AND GENERAL	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF		
		(ACCUM, COST)	6.00	7.00	LAUNDRY) 8.00	9.00	
	GENERAL SERVICE COST CENTERS	5.02	0.00	7.00	8.00	3.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP					-	2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00550 CASHIERING/ACCOUNTS RECEIVABLE	124 002 482					5.01
5.02 6.00	00560 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS	134,902,483	320,997	,	*		6.00
7.00	00700 OPERATION OF PLANT	3,683,069		1			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	481,494		1	701,530		8.00
9.00	00900 HOUSEKEEPING	1,607,561			0		9.00
10.00	01000 DIETARY	428,937			0	1,876	10.00
11.00	01100 CAFETERIA	652,190	5,813		0	5,813 0	12.00
12.00 13.00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	2,092,316	1	1 1	o		
14.00	01400 CENTRAL SERVICES & SUPPLY	567,179	I		0	2,575	14.00
15.00	01500 PHARMACY	1,906,399	2,124	2,124	0	2,124	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	2,824,634		1	0	4,465	1
17.00	01700 SOCIAL SERVICE	510,829	645	645	0	645	17.00 18.00
18.00 19.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0		0	0	0	19.00
20.00	01900 NONPHYSICIAN ANESTHETISTS 02000 NURSING SCHOOL	0		ő	Ö	Ō	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	ď	o o	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	o c	0	0	0	22.00
23.00	02300 PARAMED ED PRGM	198,931	225	225	0	225	23.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	10 350 349	27 226	27 226	161,508	37,326	30.00
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	10,359,348			63,505		1
32.00	03200 CORONARY CARE UNIT	2,203,373	3,500) 3,300	0	0	1
33.00	03300 BURN INTENSIVE CARE UNIT	ď	Ò	o	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	C	o c	0	0	0	1
40.00	04000 SUBPROVIDER - IPF	0	9	0	0	0	
41.00	04100 SUBPROVIDER - IRF			. 0	0	0	
42.00 43.00	04200 SUBPROVIDER 04300 NURSERY	378,471	1,293	1,293	6,158		
44.00	04400 SKILLED NURSING FACILITY	370,471	1,25	0	0,130	0	
45.00	04500 NURSING FACILITY	l d	Ó	0	0	0	1
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS	T 10 056 436	45.000	45,995	101,520	45,995	50.00
50.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	10,956,438			1	3,170	1
51.00 52.00	05200 DELIVERY ROOM & LABOR ROOM	2,009,363				1 '	1
53.00	05300 ANESTHESIOLOGY	2,003,303) (1	Ć	0	53.00
53.01	05301 PAIN MANAGEMENT	507,470				2,930	
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,325,863	1		140,697		
55.00	05500 RADIOLOGY-THERAPEUTIC	134,279	400	400		400	
56.00	05600 RADIOISOTOPE	2,135,586	2,748	2,748	3,129	1 I	
56.01 57.00	05601 CARDIAC CATH LAB 05700 CT SCAN	2,133,300	2,770	0	0,110	1	57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)			0	c	0	
59.00				0	9	0	1
	06000 LABORATORY	4,986,849	6,223	6,223		6,223	
	06001 BLOOD LABORATORY		ή '	u u	1		60.01
61.00 62.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	")	0	(
	06300 BLOOD STORING, PROCESSING & TRANS.	6	δ	o o	Ì	o o	i
	06400 INTRAVENOUS THERAPY			0	o c	o c	1 '
	06500 RESPIRATORY THERAPY	1,644,710				2,211	
	06600 PHYSICAL THERAPY	2,824,42	1	-		15,845	
	06700 OCCUPATIONAL THERAPY	542,917		<u> </u>			i
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY	396,863 199,362		٠,		484	1
	07000 ELECTROCARDIOLOGY	199,30	5	o o	ol d		
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,306,084		o c			
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,606,520		0 0			
	07300 DRUGS CHARGED TO PATIENTS	18,005,52	3	0			
	07400 RENAL DIALYSIS			0 0			
75.00	07500 ASC (NON-DISTINCT PART)		oj r	O C	, 	٠, ٠	, , , , , , , , , , , , , , , , , , , ,
ጸጸ በበ	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		O C) () (88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER		o o	o c) (
90.00	09000 CLINIC	492,11				1,980	
90.01	09001 WOMEN'S CENTER	1	0	0 0) (0 (90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:

From 01/01/2012 Tο 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am Cost Center Description OTHER MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPING ADMINISTRATIVE REPAIRS PLANT LINEN SERVICE (SQUARE FEET) AND GENERAL (SQUARE FEET) (SQUARE FEET) (POUNDS OF (ACCUM, COST) LAUNDRY) 6.00 7.00 5.02 9.00 90.02 09002 WOUND CLINIC 1,320,549 3,761 3,761 3,761 90.02 90.03 09003 MOBILE CLINIC 598,772 90.03 91.00 09100 EMERGENCY 3,641,010 24,557 24,557 192,018 24,557 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 94.00 95.00 09500 AMBULANCE SERVICES 0 0 95.00 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 0 0 96.00 0 0 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 O 97.00 0 98.00 05950 OTHER REIMBURSABLE COST CENTERS O 0 0 0 98.00 09900 смнс 99.00 n 0 0 O 0 99.00 99.10 09910 CORF O 0 0 0 0 99.10 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 100.00 101.00 10100 HOME HEALTH AGENCY 2,277,636 2,563 2,563 0 2,563 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 0 105.00 0 0 0 106.00 10600 HEART ACQUISITION 0 0 0 0 106.00 107.00 10700 LIVER ACQUISITION 0 0 0 0 107.00 108.00 10800 LUNG ACQUISITION 0 0 0 0 108.00 109.00 10900 PANCREAS ACQUISITION 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 0 0 0 110.00 111.00 11100 ISLET ACQUISITION 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114.00 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0 115.00 116.00 11600 HOSPICE 1,501,250 2,562 2,562 2,562 116.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 124,092,384 296,179 267,863 701,530 265,537 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1,833,776 16,103 16,103 16,103 190.00 190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 880,864 4,610 4,610 190.01 4,610 0 190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 0 0 190.02 190.03 19003 LIFELINE 8,523 0 190.03 190.04 19004 COMMUNITY RELATIONS 6,815,466 4,105 4,105 4,105 190.04 190.05 19005 PRIVATE DUTY 0 190.05 190.06 19006 PROFESSIONAL DEVELOPMENT 1,271,470 0 0 0 0 190.06 190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 0 190.07 191.00 19100 RESEARCH 0 0 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 0 192.00 193.00 19300 NONPAID WORKERS 0 0 193.00 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201.00 202.00 Cost to be allocated (per wkst. B, Part 33,680,374 2,016,446 202.00 4,602,602 630,751 203.00 Unit cost multiplier (Wkst. B, Part I) 0.249665 6.944761 203.00 0.000000 15.725660 0.899108 204.00 Cost to be allocated (per wkst. B, Part 2,167,103 505,297 39,820 40,928 204.00 205.00 Unit cost multiplier (Wkst. B, Part II) 0.016064 0.000000 1.726443 0.056762 0.140958 205.00

				'	0 12/31/2012	5/22/2013 11:4	
	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF	NURSING	CENTRAL	
		(MEALS SERVED)	(MAN HOURS)	PERSONNEL (NUMBER	ADMINISTRATION (DIRECT NURS.	SERVICES & SUPPLY	
				HOUSED)	HRS.)	(COSTED	
N72						REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
1 00	GENERAL SERVICE COST CENTERS			T	I		1.00
1.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00	00600 MAINTENANCE & REPAIRS						6.00 7.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE				,		8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY	64,051					10.00
11.00	01100 CAFETERIA	0	1,634,316				11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	41.660	0	480 002		12.00 13.00
13.00	01300 NURSING ADMINISTRATION	0	41,660 13,429		489,902		14.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	32,599		ŏ	37,370	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	ŏ	57,543		0	157	16.00
17.00	01700 SOCIAL SERVICE	0	15,606		0	1,183	17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00 20.00
20.00	02000 NURSING SCHOOL	O O			0	0	21.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	C	s o	ŏ	ő	22.00
23.00	02300 PARAMED ED PRGM	ŏ	ď		Ö	0	23.00
23100	INPATIENT ROUTINE SERVICE COST CENTERS	3.50	100				
30.00	03000 ADULTS & PEDIATRICS	56,932	305,163	i	1		30.00
31.00	03100 INTENSIVE CARE UNIT	7,119	48,995		1,	235,397 0	31.00 32.00
32.00	03200 CORONARY CARE UNIT	0				Ö	33.00
33.00 34.00	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0			o o	Ö	34.00
40.00	04000 SUBPROVIDER - IPF	ŏ	ď	o c	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	C	o c	0	0	41.00
42.00	04200 SUBPROVIDER	0	(0	0	0	42.00
43.00	04300 NURSERY	0	9,970		5,175	31,078	
44.00	04400 SKILLED NURSING FACILITY	0	(0	45.00
45.00 46.00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	ŏ			ól ő	0	46.00
10100	ANCILLARY SERVICE COST CENTERS	-			11.7		
50.00	05000 OPERATING ROOM	0	,	1 _	1 '		1
51.00	05100 RECOVERY ROOM	0	15,091 53,423		11,854 27,726		
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0	33,42		27,720	0	53.00
53.00	05301 PAIN MANAGEMENT	ŏ	12,982		5,167	3,054	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	322,331		44,736	_	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,997	7	0	0	55.00
56.00	05600 RADIOISOTOPE	0	20.100	9 (0.630	0 2,327,033	i .
56.01	05601 CARDIAC CATH LAB	0	26,169		1		·
57.00 58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		•	ól ö		
59.00	· 1	l o		o c	o c	0	59.00
	06000 LABORATORY	0	82,694	4 (928		
	06001 BLOOD LABORATORY	0	(0	o c	0	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1		-		1	1
62.00		1			7	ŏ	03.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		ol (ol C		64.00
63.00 64.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	0	39,61	١ .		111,154	65.00
63.00 64.00 65.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	000000000000000000000000000000000000000	39,612 72,084	4		111,154 15,167	65.00 66.00
63.00 64.00 65.00 66.00 67.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	000000000000000000000000000000000000000	72,084 13,342	2 (2		111,154 15,167 5,911	65.00 66.00 67.00
63.00 64.00 65.00 66.00 67.00 68.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	000000000000000000000000000000000000000	72,084 13,342 8,893	2 4 (0 2 (1 3		111,154 15,167 5,911 4,461	65.00 66.00 67.00 68.00
63.00 64.00 65.00 66.00 67.00 68.00 69.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY	000000000000000000000000000000000000000	72,084 13,342 8,893 2,579	2 2 4 2 2 3 9		111,154 15,167 5,911 4,461	65.00 66.00 67.00 68.00 69.00
63.00 64.00 65.00 66.00 67.00 68.00 69.00 70.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY	000000000000000000000000000000000000000	72,084 13,342 8,893 2,579	2 4 6 2 3 9) () () () () 2,167	111,154 15,167 5,911 4,461 5,336	65.00 66.00 67.00 68.00 69.00 70.00
63.00 64.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	000000000000000000000000000000000000000	72,084 13,342 8,893 2,579	2 2 4 2 2 3 9) () () () () 2,167	111,154 15,167 5,911 4,461 5,336	65.00 66.00 67.00 68.00 69.00 70.00
63.00 64.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY	000000000000000000000000000000000000000	72,084 13,344 8,89 2,579	2) () () () () 2,167	111,154 15,167 5,911 4,461 5,336 0 0	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00
63.00 64.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	000000000000000000000000000000000000000	72,084 13,344 8,899 2,579	2	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	111,154 15,167 5,911 4,461 7,5,336 0,0 0,0 0,0 0,0 0,0 0,0 0,0	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 74.00
63.00 64.00 65.00 66.00 67.00 68.00 70.00 71.00 72.00 73.00 74.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	000000000000000000000000000000000000000	72,084 13,344 8,899 2,579	2) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0	111,154 15,167 5,911 4,461 7,5,336 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 74.00
63.00 64.00 65.00 66.00 67.00 68.00 70.00 71.00 72.00 73.00 74.00 75.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART) OUTPATIENT SERVICE COST CENTERS		72,08- 13,34: 8,89: 2,57:	2	0	111,154 15,167 5,911 4,461 5,336 0 0 0 0 0 0 0 0 0	65.00 66.00 67.00 68.00 70.00 71.00 72.00 73.00 74.00 75.00
63.00 64.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00 73.00 74.00	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART) 0UTPATIENT SERVICE COST CENTERS	000000000000000000000000000000000000000	72,08- 13,34: 8,89: 2,57:	2	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	111,154 15,167 5,911 4,461 5,336 0 0 0 0 0 0 0 0 0 0	65.00 66.00 67.00 68.00 70.00 71.00 72.00 73.00 74.00 75.00

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150026 Period: Worksheet B-1 From 01/01/2012 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am Cost Center Description MAINTENANCE OF DIFTARY CAFFTERTA NURSTNG CENTRAL SERVICES & (MEALS SERVED) (MAN HOURS) PERSONNEL ADMINISTRATION (NUMBER (DIRECT NURS. SUPPLY HOUSED) HRS.) (COSTED REQUIS.) 10.00 11.00 12.00 13.00 14.00 90.01 | 09001 WOMEN'S CENTER 90.01 09002 WOUND CLINIC 90.02 278,711 90.02 90.03 09003 MOBILE CLINIC 14,609 9,791 4,131 90.03 91.00 09100 EMERGENCY 86,627 56,514 375,308 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0 94.00 95.00 09500 AMBULANCE SERVICES 0 0 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 96.00 0 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 97.00 05950 OTHER REIMBURSABLE COST CENTERS 98.00 0 O 98.00 0 09900 CMHC 0 0 n 99.00 99.10 09910 CORF 0 0 99.10 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 100.00 101.00 10100 HOME HEALTH AGENCY 55,946 18,925 19,705 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 0 0 0 105.00 106.00 10600 HEART ACQUISITION n 0 0 106.00 107.00 10700 LIVER ACQUISITION 0 0 107.00 108.00 10800 LUNG ACQUISITION 0 0 0 108.00 109.00 10900 PANCREAS ACQUISITION 0 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 110.00 111.00 11100 ISLET ACQUISITION 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114.00 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0 115.00 116.00 11600 HOSPICE 27,101 10,449 519,128 116.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 64,051 1,530,166 21,226,474 118.00 475,706 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 38,061 8,781 9,194 190.00 0 190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED 20,368 71 190.01 5,392 190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 190.02 190.03 19003 LIFELINE 0 190.03 190.04 19004 COMMUNITY RELATIONS 45,721 4,840 190.04 190.05 19005 PRIVATE DUTY 0 190.05 190.06 19006 PROFESSIONAL DEVELOPMENT 0 190.06 190.07 19008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 190.07 0 191.00 19100 RESEARCH 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 192.00 193.00 19300 NONPAID WORKERS 0 193.00 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201.00 202.00 Cost to be allocated (per wkst. B, Part 578,557 946,802 2,673,197 774,941 202.00 I) 203.00 Unit cost multiplier (Wkst. B, Part I) 9.032755 0.579326 0.000000 5.456595 0.036484 203.00

40.222

0.627968

113,759

0.069606

0.000000

204.00

205.00

Cost to be allocated (per wkst. B, Part

Unit cost multiplier (Wkst. B. Part II)

134,517 204.00

0.006333 205.00

114,531

0.233783

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

In Lieu of Form CMS-2552-10

| Period: | Worksheet B-1 |
| From 01/01/2012 |
| To 12/31/2012 | Date/Time Prepared:

				ĺ	ro 12/31/2012	Date/Time Prepar 5/22/2013 11:41		
			Π			OTHER GENERAL		
			Buanasa	WEDTEN	COCTAL SERVICE	SERVICE	NONDUVETCTAN	
		Cost Center Description	PHARMACY (COSTED	MEDICAL RECORDS &	SOCIAL SERVICE (TIME SPENT)	(SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS	
			REQUIS.)	LIBRARY	CIANCE STERVING	(11112 31 2)	(ASSIGNED	
				(GROSS			TIME)	1
				CHARGES)	47 00	10.00	70.00	
	CENER	A CENTER COST CENTERS	15.00	16.00	17.00	18.00	19.00	1
00		AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT	I I					1.
00		CAP REL COSTS-MVBLE EQUIP						2.
00		EMPLOYEE BENEFITS						4
01	00550	CASHIERING/ACCOUNTS RECEIVABLE						5
)2	00560	OTHER ADMINISTRATIVE AND GENERAL	1					5
00		MAINTENANCE & REPAIRS						6
00		OPERATION OF PLANT						7
00		LAUNDRY & LINEN SERVICE				·		8
00 .00		HOUSEKEEPING DIETARY						10
.00		CAFETERIA						11
.00		MAINTENANCE OF PERSONNEL						12
.00	1	NURSING ADMINISTRATION						13
.00	01400	CENTRAL SERVICES & SUPPLY						14
.00	01500	PHARMACY	17,533,145					15
.00	01600	MEDICAL RECORDS & LIBRARY	0	454,298,199				16
.00		SOCIAL SERVICE	0	Ç	6,12	5		17
.00		OTHER GENERAL SERVICE (SPECIFY)	0	0		0	0	18 19
.00		NONPHYSICIAN ANESTHETISTS NURSING SCHOOL	0	(20
.00		I&R SERVICES-SALARY & FRINGES APPRVD	١	,	S)	o o	,	21
.00	1	I&R SERVICES-SALARY & FRINGES APPRVD		Č		o o)	22
.00		PARAMED ED PRGM	Ö	č		0)	23
	N. 7.217 Common Sci.	IENT ROUTINE SERVICE COST CENTERS						
.00	03000	ADULTS & PEDIATRICS	0	36,141,008			,	30
.00	1	INTENSIVE CARE UNIT	0	7,445,089	47	8 0	1	31
.00	1	CORONARY CARE UNIT	0	(0	1	32
.00		BURN INTENSIVE CARE UNIT	0	(0	1	34
.00		SURGICAL INTENSIVE CARE UNIT	9	(0	ĺ.	40
.00	1	SUBPROVIDER - IPF SUBPROVIDER - IRF	0	(0 0	,	41
.00	1	SUBPROVIDER	0	č	Ď	o c)	42
.00	1	NURSERY	o	1,866,305	5	o c)	43
.00		SKILLED NURSING FACILITY	0		0	0 0)	44
.00	04500	NURSING FACILITY	0	()	0 0)	45
.00		OTHER LONG TERM CARE	0	(0	O C	<u> </u>	46
		LARY SERVICE COST CENTERS		47 040 663	əl	0 0) 0	50
.00	i	OPERATING ROOM	0	47,049,663 3,774,873	· [0 0		
.00		RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	0	5,385,481		ol d	o o	
.00		ANESTHESIOLOGY	0	3,303,402	o l	ŏl č	0	
.01	1	PAIN MANAGEMENT	o	1,735,780	o ·	o c) 0) 53
.00		RADIOLOGY-DIAGNOSTIC		99,040,664		0 0	0	1 -
		RADIOLOGY-THERAPEUTIC	0	244,551		0	0	55
.00	05600	RADIOISOTOPE	0	(-1	0	0	
		CARDIAC CATH LAB	0	12,870,255		U C	0	
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.00	1	MAGNETIC RESONANCE IMAGING (MRI)		(0	Ö		
00.		CARDIAC CATHETERIZATION LABORATORY		29,825,398	<u>8</u>	ŏ	o o	
		BLOOD LABORATORY	0	25,025,550	ő	ō	o o	1
.00		PBP CLINICAL LAB SERVICES-PRGM ONLY		·				6.
		WHOLE BLOOD & PACKED RED BLOOD CELLS	0	(0	0 0	-	
.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	(0	0	0	- 1
.00		INTRAVENOUS THERAPY	0	(-	0	0	- 1
		RESPIRATORY THERAPY	0	6,377,103		0 (0	
.00		PHYSICAL THERAPY	0	6,826,849		0 (. 0	
00		OCCUPATIONAL THERAPY	0	2,008,126 1,061,934		0 (
		SPEECH PATHOLOGY ELECTROCARDIOLOGY	0	3,865,85		ŏl č	o o	
.00	LUEGUU		0	5,005,05	ő	ō ò	0	. 1
.00) ELECTROENCEPHALOGRAPHY		10 130 75	c	0	0	-
.00	07000	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	o	19,439,75	اد			3 7
.00 .00 .00	07000 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	0	19,439,735 23,522,735	1	o c	0	
.00 .00 .00 .00	07000 07100 07200	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 0 17,533,145		1	0 0	0	73
.00 .00 .00 .00 .00	07000 07100 07200 07300 07400	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	0	23,522,733 117,355,87	1 0 0	0 0	0 0	73 0 74
.00 .00 .00 .00 .00	07000 07100 07200 07300 07400 07500	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0 0 17,533,145 0 0	23,522,733 117,355,87	1 0 0	0 (0 0 (0 0 (0	0	0 73 0 74

Cost Center Description	1:
Cost Center Description	
COSTED RECORDS & CTIME SPENT) CTIME SPENT ANESTHETISTS CASSIGNED TIME	
15.00 16.00 17.00 18.00 19.0	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 90. 90.00 09900 CLINIC 0 1,936,711 0 0 0 0 90. 90.01 09900 09900 09900 09901 09901 09901 09900	
90.00 09000 CLINIC 0 1,936,711 0 0 0 0 90. 90.01 09001 women's Center 0 0 0 0 0 0 0 90. 90.02 09002 women's Center 0 4,167,719 0 0 0 90. 90.03 09003 mobile Clinic 0 474,131 0 0 0 90. 91.00 09100 emergency 0 16,572,574 1,342 0 91. 92.00 09200 observation beds (non-distinct part) 92. 09200 observation beds (non-distinct part) 92. 09400 home program dialysis 0 0 0 0 0 94. 95.00 09500 ambulance services 0 0 0 0 0 95. 96.00 09600 durable medical equip-rented 0 0 0 0 96. 97.00 09700 durable medical equip-sold 0 0 0 0 97. 98.00 05950 other reimbursable cost centers 0 0 0 0 0 98. 99.00 09900 cmhc 0 0 0 0 0 0 99. 99.10 09910 corf 0 0 0 0 0 0 0 99. 100.00 10000 1&r Services-not approx promise 0 0 0 0 0 0 100. 100.00 10000 10000 180 Services-not approx promise 0 0 0 0 0 0 100. 100.00 100000 100000 10000 10000 100000 10000 10000 10000 10000 10000 10000 1	00
90.02 09002 wound clinic 0 4,167,719 0 0 0 0 90. 90.03 09003 mobile clinic 0 474,131 0 0 0 90. 91.00 09100 emergency 0 16,572,574 1,342 0 0 91. 92.00 09200 observation beds (non-distinct part) 92. Other reimbursable cost centers 0 0 0 0 0 94. 95.00 09500 ambulance services 0 0 0 0 0 95. 96.00 09600 durable medical equip-rented 0 0 0 0 0 96. 97.00 09700 durable medical equip-sold 0 0 0 0 0 97. 98.00 05950 Other reimbursable cost centers 0 0 0 0 0 99. 99.00 09900 cmhc 0 0 0 0 0 0 99. 99.10 09910 corf 0 0 0 0 0 99. 100.00 10000 1&R services-not approx promise 0 0 0 0 0 0 100.00 10000 10000 18R services-not approx promise 0 0 0 0 0 100.00 10000	
90.03 09003 MOBILE CLINIC 0 474,131 0 0 0 0 90. 91.00 09100 EMERGENCY 0 16,572,574 1,342 0 0 91. 92.00 095ERVATION BEDS (NON-DISTINCT PART) 92. 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 094.00 09400 HOME PROGRAM DIALYSIS 0 0 0 0 0 94. 95.00 09500 AMBULANCE SERVICES 0 0 0 0 0 95. 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 0 0 96. 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 0 0 97. 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 98. 99.00 09900 CMHC 0 0 0 0 0 99. 99.10 09910 CORF 0 0 0 0 0 99. 100.00 10000 1&R SERVICES-NOT APPRVD PRGM 0 0 0 0 0 100.	01
91.00 09100 EMERGENCY 0 16,572,574 1,342 0 0 91. 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. OTHER REIMBURSABLE COST CENTERS 94.00 94. 95.00 09500 AMBURNES SERVICES 0 0 0 0 0 95. 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 0 0 96. 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 0 97. 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 97. 99.00 09900 CMHC 0 0 0 0 0 99. 99.10 09910 CORF 0 0 0 0 0 99. 100.00 10000 1&R SERVICES-NOT APPRVD PRGM 0 0 0 0 100.	.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0 0 0 0 0 0 0 94.00 09500 OSSOO	.03
OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0 0 0 0 0 94. 95.00 09500 AMBULANCE SERVICES 0 0 0 0 0 0 95. 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 0 0 0 96. 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 0 0 0 97. 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 98. 99.00 09900 CMHC 0 0 0 0 0 99. 99.10 09910 CORF 0 0 0 0 0 0 99. 100.00 10000 ISRY SERVICES-NOT APPRVD PRGM 0 <td>00</td>	00
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95.00 09500 AMBULANCE SERVICES 0 0 0 0 0 0 95. 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 0 0 96. 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 0 97. 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 0 98. 99.00 09900 CMHC 0 0 0 0 0 99. 99.10 09910 CORF 0 0 0 0 0 0 99. 100.00 10000 1&R SERVICES-NOT APPRVD PRGM 0 0 0 0 0 100.	
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97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 0 97. 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0 0 0 0 98. 99.00 09900 CMHC 0 0 0 0 0 99. 99.10 09910 CORF 0 0 0 0 0 0 99. 100.00 10000 1&R SERVICES-NOT APPRVD PRGM 0 0 0 0 100.	00
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99.00 09900 CMHC 0 0 0 0 0 99. 99.10 09910 CORF 0 0 0 0 0 99. 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 0 0 0 100.	
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100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 0 0 100.	
101.00 10100 HOME HEALTH AGENCY 0 1,648,659 0 0 101.	00
SPECIAL PURPOSE COST CENTERS	
100 00 10000	
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100 00 10000	
110 00 11000	
110.00 11000 INTESTINAL ACQUISITION 0 0 0 0 1110. 111.00 111	
113.00 11300 INTEREST EXPENSE	
114.00 11400 UTILIZATION REVIEW-SNF	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0 0 0 115.	
116.00 11600 HOSPICE 0 3,661,117 0 0 0 116.	
118.00 SUBTOTALS (SUM OF LINES 1-117) 17,533,145 454,298,199 6,125 0 0 118.	
NONREIMBURSABLE COST CENTERS	00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190.	00
190.01 0 0 0 0 0 0 190.	
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 0 0 190.	
190.03 19003 LIFELINE 0 0 0 0 0 0 190.	
190.04 19004 COMMUNITY RELATIONS 0 0 0 0 190.	04
190.05 19005 PRIVATE DUTY 0 0 0 0 0	
190.06 19006 PROFESSIONAL DEVELOPMENT 0 0 0 0 190.	06
190.07 190008 GIFT, FLOWER, COFFEE SHOP, & CANTEEN 0 0 0 0 190.	07
191.00 19100 RESEARCH 0 0 0 0 191.	00-
192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192.	00
193.00 19300 NONPAID WORKERS 0 0 0 193.	00
200.00 Cross Foot Adjustments 200.	00
201.00 Negative Cost Centers 201.	00
202.00 Cost to be allocated (per wkst. B, Part 2,450,760 3,664,411 662,071 0 0 202.	00
203.00 Unit cost multiplier (wkst. B, Part I) 0.139779 0.008066 108.093224 0.000000 0.000000 203.	00
204.00 Cost to be allocated (per wkst. B, Part 76,950 172,385 21,971 0 0 204.0	
205.00 Unit cost multiplier (Wkst. B, Part II) 0.004389 0.000379 3.587102 0.000000 0.000000 205.0	

0

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88.00

89.00

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0

OUTPATIENT SERVICE COST CENTERS

08900 FEDERALLY QUALIFIED HEALTH CENTER

08800 RURAL HEALTH CLINIC

Health Financial Systems		IU HEALTH GOSHEN HOSPITAL In					In Lie	eu of Form CMS-	-2552-10	
COST AL	COST ALLOCATION - STATISTICAL BASIS				Provider	CCN: 150026	Per Fro	riod: om 01/01/2012 12/31/2012	Worksheet B-1 Date/Time Prepared:	
				3	_			,,	5/22/2013 11:	
					INTERNS &	RESIDENTS				
		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	Y &	FRINGES SSIGNED	SERVICES-OTHE PRGM COSTS (ASSIGNED	ER	PARAMED ED PRGM (ASSIGNED		
			20.00		TIME)	TIME)	-	TIME)		
90.00	იფიიი	CLINIC	20.00	1	21.00	22.00	0	23.00		00.00
		WOMEN'S CENTER			0		0	0		90.00
		WOUND CLINIC			0		0	0		90.01
		MOBILE CLINIC		Ś	0		0	0		90.02
		EMERGENCY			0		0	100		91.00
		OBSERVATION BEDS (NON-DISTINCT PART)		1	. 0		٩	100		92.00
-		REIMBURSABLE COST CENTERS		1	1-2-11-11	l				92.00
		HOME PROGRAM DIALYSIS	T 0	N .	0		0	O		94.00
		AMBULANCE SERVICES	Ĭ	ń	Ů		ŏ	ŏ		95.00
		DURABLE MEDICAL EQUIP-RENTED	7		o O		0	0		96.00
		DURABLE MEDICAL EQUIP-SOLD	,	S)	0		0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS		S.	n		۸	0		98.00
99.00	09900	CMHC			0		ň	0		99.00
99.10					0		7	0		99.10
		I&R SERVICES-NOT APPRVD PRGM			0		2	0		1
101.00	10100	HOME HEALTH AGENCY	"		0		0	0		100.00
		AL PURPOSE COST CENTERS		1	U	L	U	U		101.00
		KIDNEY ACQUISITION	1 0	1	0		0	0		105.00
		HEART ACQUISITION			0		0	0		106.00
107.00	10700	LIVER ACQUISITION	0	(0		0	0		
108.00	10800	LUNG ACQUISITION			0		Ž	0		107.00
109.00	10900	PANCREAS ACQUISITION	"		0		0	o o		108.00
110.00	11000	INTESTINAL ACQUISITION			0		0	. 0		109.00
111.00	11100	ISLET ACQUISITION			0		0	o o		110.00 111.00
		INTEREST EXPENSE			v		٩	٩		113.00
114.00	11400	UTILIZATION REVIEW-SNF		Ì						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	1		0		0	0		
116.00	11600	HOSPICE			0		0	o o		115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	١		0		0	100		116.00 118.00
N	NONRE	IMBURSABLE COST CENTERS		1	U		9	100		110.00
		GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	T	0		0	0		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	Ŏ		ŏ		ŏ	0		190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	Ö	ļ	ŏ		0	Ŏ		190.02
190.03	19003	LIFELINE	Ŏ		ŏ		0	ŏ		190.02
190.04	19004	COMMUNITY RELATIONS	Ŏ		ŏ		ŏ	0		190.04
190.05	19005	PRIVATE DUTY	ľ		n		ŏ	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	ĺ		ő		ŏ	0		190.06
190.07	19008	GIFT, FLOWER, COFFEE SHOP, & CANTEEN			ŏ		0	ď		190.00
191.00	19100	RESEARCH	ĺ		ŏ		ŏ	o o		191.00
		PHYSICIANS' PRIVATE OFFICES	l ő	-	n		ñ	ď		192.00
193.00	19300	NONPAID WORKERS	ő	l	ņ		ŏ	0		193.00
200.00		Cross Foot Adjustments	ĺ		٦		-	٩		200.00
201.00		Negative Cost Centers								201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0		o		0	253,698		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		0.000000	0.00000	00	2,536.980000		203.00
204.00		Cost to be allocated (per wkst. B, Part II)	0.00000		0	0.00000	0	6,998		203.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		0.000000	0.00000	00	69.980000		205.00

Provider CCN: 150026

In Lieu of Form CMS-2552-10

Period: Worksheet C
From 01/01/2012 Part I
To 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am

					-:.1			5/22/2013 11:4	11 am
XIII		Haraman a Asa Ka			1111	e XVIII Costs	<u>Hospital</u>	PPS Charges	F
			Tanal Casa	Thomas, Limit	Total Costs	RCE	Total Costs	Inpatient	-
		Cost Center Description	Total Cost	Therapy Limit	TOTAL COSTS	Disallowance	Tutal Custs	Impactenc	
			(from Wkst. B,	Adj.		Disallowance			
			Part I, col. 26)						
			1.00	2.00	3.00	4.00	5.00	6.00	
	TNDATI	TENT ROUTINE SERVICE COST		2.00	3.00	1.00	2.00	V. V.	
30.00		ADULTS & PEDIATRICS	16,338,758		16,338,758	0	16,338,758	30,023,304	30.00
31.00		INTENSIVE CARE UNIT	3,546,689		3,546,689		3,546,689		
32.00	1	CORONARY CARE UNIT	3,340,003		5,5.0,005	م ا	0	l í ol	32.00
33.00		BURN INTENSIVE CARE UNIT	0		č	o o	0	0	33.00
34.00		SURGICAL INTENSIVE CARE	ŏ		Ċ	0	0	o	34.00
J4.00		UNIT	١			1	· [
40.00		SUBPROVIDER - IPF	0		C	0	0	0	40.00
41.00		SUBPROVIDER - IRF	ŏ		Č	0	0	0	41.00
42.00	1	SUBPROVIDER	ŏ		Ċ	0	0	0	42.00
43.00	1	NURSERY	558,014		558,014	i o	558,014	1,866,305	43.00
44.00		SKILLED NURSING FACILITY	330,011		330,62	o o	,	0	44.00
45.00		NURSING FACILITY	١		Ċ	o o	0	o o	45.00
46.00	1 3	OTHER LONG TERM CARE	ľ		Ċ	o o	0	l o	46.00
40.00	***************************************	LARY SERVICE COST CENTERS				1			
50.00		OPERATING ROOM	16,163,163		16,163,163	3 0	16,163,163	17,950,060	50.00
51.00		RECOVERY ROOM	1,057,793		1,057,793		1,057,793		
52.00		DELIVERY ROOM & LABOR	2,929,533		2,929,533	_	2,929,533		
JE . 00	33200	ROOM & LABOR	2,323,333		2,525,555		, ,		
53.00	05300	ANESTHESIOLOGY	n		(ol o	0	0	53.00
53.01	, ,	PAIN MANAGEMENT	750,418		750,418	15,317	765,735	o'	53.01
54.00		RADIOLOGY-DIAGNOSTIC	33,517,345		33,517,345				54.00
55.00		RADIOLOGY-THERAPEUTIC	180,581		180,581	1	180,581		
		RADIOISOTOPE	100,501		100,501	0	0	0	56.00
56.00	1 1		2 000 244	,	2,990,344	i o	2,990,344	6,349,862	
56.01		CARDIAC CATH LAB	2,990,344		2,330,34		2,330,311	0,515,662	57.00
57.00		CT SCAN	0)		Ô	Ĭ	58.00
58.00	05800	MAGNETIC RESONANCE	l o		`)		Ĭ	30.00
FO 00	05000	IMAGING (MRI)				n 0	l c	0	59.00
59.00	1 1	CARDIAC CATHETERIZATION	6 777 777		6 727 22		6,737,323	10,946,473	1
60.00		LABORATORY	6,737,323		6,737,323		0,737,323	0	
60.01		BLOOD LABORATORY	0		1	0	l c	, , ,	61.00
61.00	06100	PBP CLINICAL LAB	U			J ₁		1	01.00
	05300	SERVICES-PRGM ONLY				0	ſ	,	62.00
62.00	06200	WHOLE BLOOD & PACKED RED	U		,)	ĺ		02.00
c2 00	06300	BLOOD CELLS	•			0) 0	63.00
63.00	06300	BLOOD STORING, PROCESSING	l o		,	9		1	03.00
C4 00	00400	& TRANS.			1 ,	0) 0	64.00
64.00		INTRAVENOUS THERAPY	2 102 000	o	2,183,909	a n	2,183,909	5,288,373	i
65.00		RESPIRATORY THERAPY	2,183,909		3,986,174		3,986,174		
66.00		PHYSICAL THERAPY	3,986,174	_			702,601	1	
67.00		OCCUPATIONAL THERAPY	702,601	0	702,603	_	509,827		
68.00		SPEECH PATHOLOGY	509,827	J	509,82		304,803		
69.00		ELECTROCARDIOLOGY	304,803		304,80		304,803	1,052,202	70.00
70.00		ELECTROENCEPHALOGRAPHY	0 00-00		0.027.20	0	9 027 203	14,826,464	
71.00	07100	MEDICAL SUPPLIES CHARGED	8,037,293		8,037,29	9	8,037,293	17,020,404	71.00
	0777	TO PATIENTS	12 22-		12 444 22	ı o	13,444,331	15,834,017	72 00
72.00	07200	IMPL. DEV. CHARGED TO	13,444,331	•	13,444,33	1	1,7777,331	15,057,017	1.2.00
72 ^^	07300	PATIENTS	25 000 205		25,898,26	5	25,898,265	31,758,204	73.00
73.00		DRUGS CHARGED TO PATIENTS	25,898,265		23,090,20		23,030,203	0 31,730,204	-
74.00		RENAL DIALYSIS	"]	0 0	i c		
75.00		ASC (NON-DISTINCT PART)	l C		1	<u> </u>			1
00 00		TIENT SERVICE COST CENTER	RS C			0 0) () (88.00
88.00		RURAL HEALTH CLINIC	1			o c			89.00
89.00	08900	FEDERALLY QUALIFIED		1		u _j	1	1	1 33.00
00 00	00000	HEALTH CENTER	603 110		£02 11	9 5,527	687,646	6	90.00
90.00		CLINIC	682,119		682,11	0,327	, 007,040	j .	90.01
90.01		WOMEN'S CENTER	1	[1 770 30	2 6,007	1,785,299	12,024	1
90.02		WOUND CLINIC	1,779,292		1,779,29		780,834		90.02
90.03		MOBILE CLINIC	780,834		780,83		6,184,090		1
91.00		EMERGENCY	6,184,090		6,184,09				92.00
92.00	09200	OBSERVATION BEDS	1,528,327		1,528,32	'	1,528,327		7 32.00
	0711	(NON-DISTINCT PART)	RS			1	<u> </u>		1
04.00		REIMBURSABLE COST CENTE	_	1	T -	n c) 1	0 0	94.00
		HOME PROGRAM DIALYSIS		1		0		•	0 95.00
95.00		AMBULANCE SERVICES				o c	1	-	0 96.00
96.00	09600	DURABLE MEDICAL		'		۲	1	1] 30.00
50.00		EQUIP-RENTED	1				J (97.00
	0070			x!					
97.00	09700	DURABLE MEDICAL				o c	<u>'</u>	(37.00
						0)		0 98.00

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Total Control (1985) Total Control (1985) Total Control (1985) Section (1985) Sec						Titl	e XVIII	Hospital		41 am
Part Col Par							¥		Charges	
99.00 09500 CMC 99.00 10000 10000 1000 10000 1000 100000 100000 100000 100000 100000 100000 100000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 100000 100000 100000 100000 100000 100000 100000 100000 100000 10000			Cost Center Description			Total Costs			Inpatient	
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99.00 99.00 09.00 0 0 0 0 0 0 0 0 0				26)					4.7	
99-100 09910 (1009 09910 (10	99 00	Toggoo	CMUC		2.00			5.00		
100.00 1				0		0		0		
101.00 10000 10000 10000 10000 10000 10000 10000 10000 1000				Ö		0		0		
SPECIAL PURPOSE COST CEPTERS 0			PRGM .							1200.00
105.00 105	101.00			3,054,080		3,054,080		3,054,080	(101.00
166.00 16600 166ART ACQUISTITION 0 0 0 0 0 100.00 0 100.00	105.00	10500	KIDNEY ACQUISITION	0	250	1 0		0		105 00
107.00 10700 LIVER ACQUISITION 0 0 0 0 1017.00 1018.00 103	106.00	10600	HEART ACQUISITION	Ö		ŏ		_		
199.00 1990 PARCERA ACQUISITION 0 0 0 1019.00 1111.00 1110.00 1100 1111.00 1110.00 1111.00 1110.00 1111.00 1110.00 1111.00 1110.00 1111.00 1110.00 1110.00 1111.00 1110.00 1110.00 1111.00 1110.00 1110.00 1111.00 1111.00 1110.00 1110.00 1111.00 1111.00 1110.00 1110.00 1111.00 1111.00 1110.00 1110.00 1110.00 1111.00 1110.00	107.00	10700	LIVER ACQUISITION	0		0		0		
110.0 110.0 110.0 110.0 110.0 111.0 110.0 110.0 111.0 110.0 110.0 111.0 110.0 110.0 111.0 110.0 110.0 111.0 110.0 110.0 111.0 110.0 110.0 111.0 110.0 110.0 111.0 110.0 110.0 111.0 110.0 110.0 110.0 111.0 110.	108.00	10800	LUNG ACQUISITION	0		0		0		
111.00 11300 115	110.00	11000	THESTINAL ACQUISITION	0		0		0		
113.00 11300 INTEREST EXPONSE				0		0		0		
115.00 115.00 0.0000 0.00000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.00										
CENTER (O.P.) SUBSTICE (O.	114.00	11400	UTILIZATION REVIEW-SNF							
116.00 11600 HOSPICE 2,055,328 2,055,328 155,901,234 47,640 155,948,874 167,130,798 200.00 10.00	115.00	111500		0		0		0	C	115.00
200.00	116.00	11600		2.055.328		2 055 328	·	2 055 328		116 00
1,528,327					0					
Total (see instructions) 154,377,907 0 154,377,907 47,640 154,420,547 167,130,799 202,00	201 00						,		,,,	
Charges					0		47.64		167 130 300	1
COST_CENTER_DESCRIPTION	200.00	1	Total (see mistractions)	· · · · · · · · · · · · · · · · · · ·	raes	134,372,907	47,64	0 154,420,547	167,130,798	202.00
THPATTENT ROUTINE SERVICE COST CENTERS			Cost Center Description		· · · · · · · · · · · · · · · · · · ·	Cost or Other	TEFRA	PPS Inpatient		
NAPATENT ROUTINE SERVICE COST CENTERS 30.00 30.00 31.0					+ col. 7)	Ratio	***************************************	Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS 30,003,304 31,000 310,000 300,000 300,000 300,000 300,000 300,000 300,000 300,000 300,000 300,000 300,000 300,000 300,0000 30			and the gathern of the	······································	8.00	0.00		11.00		
30.00 30.0	-	INPAT	IENT ROUTINE SERVICE COS		0.00	9.00		11.00		
32.00		03000	ADULTS & PEDIATRICS		30,023,304					30.00
33.00					7,445,089					31.00
33.00					0					
VALUE VALU					0					
41.00 04100 Subprovider = TRF 0 0 0 0 0 0 0 0 0			UNIT		ŭ					34.00
42.00 04200 SUBPROVIDER					0					
43.00 04300 NURSERY 1,866,305 44.00					0					
44.00 04400 NURSING FACILITY 0 0 0 0 0 0 0 0 0		04300	NURSERY		1.866.305					
45.00 04500 MISSING FACILITY 0 46.00 0460 014ER LONG TERM CARE 0 46.00 0460 014ER LONG TERM CARE 0 46.00 0460 014ER LONG TERM CARE 0 46.00 05000 014ER LONG TERM CARE 0 050000 0500000 050000 050000 050000 050000 050000 050000 050000 050000 050000 050000 050000 050000 050000 05000000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 05000000 05000000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 05000000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 0500000 05000000 05000000 05000000 05000000 05000000 050000000 05000000 050000000 05000000 05000000 05000000 05000000 05000000		04400	SKILLED NURSING FACILITY		0					1
ANCILLARY SERVICE COST CENTERS					0					45.00
50.00 05000 0550	40.00	ANCTI	ARY SERVICE COST CENTERS	-	0				UII.	46.00
51.00 05100 RECOVERY ROOM 2,135,073 3,774,873 0.280219 0.00000 0.280219 51.00 0520	50.00	05000	OPERATING ROOM		47.049.663	0.343534	0.00000	0 343534		50.00
ROOM										1
53.00 05300 ANESTHESIOLOGY 0 0 0.000000 0.000000 0.000000 0.000000 53.01 05301 PAIN MANAGEMENT 1,735,780 1,735,780 0.432323 0.000000 0.441147 53.01 54.00 54.00 RADIOLOGY-THERAPEUTIC 242,344 244,551 0.738419 0.000000 0.738419 55.00 56.01 05600 RADIOLOGY-THERAPEUTIC 242,344 244,551 0.738419 0.000000 0.738419 55.00 56.01 OS600 RADIOLOGY-THERAPEUTIC 242,344 244,551 0.738419 0.000000 0.738419 55.00 56.01 CARDIAC CATH LAB 6,520,393 12,870,255 0.000000 0.000000 0.000000 0.000000 0.000000 56.01 57.00 CTS CAN 0 0 0.000000 0.000000 0.000000 0.000000 0.000000 57.00 58.00 59.00 CARDIAC CATHETERIZATION 0 0 0.000000 0.000000 0.000000 0.225892	52.00	05200		0	5,385,481	0.543969	0.00000	0.543969		ì
53.01 05301 PAIN MANAGEMENT 1,735,780 1,735,780 0.432323 0.000000 0.441147 53.01 54.00 05400 RADIOLOGY-DIAGNOSTIC 87,567,205 99,040,664 0.338420 0.000000 0.338630 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 242,344 244,551 0.738419 0.000000 0.738419 55.00 56.01 05600 RADIOLOGY-THERAPEUTIC 242,344 244,551 0.738419 0.000000 0.000000 0.000000 0.50000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 56.01 56.01 57.00 58.00 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 58.00 58.00 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000	53.00	05300		٥	0	0.000000	0.00000	0.000000		=2 00
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58.00 05800 MAGNETIC RESONANCE 1	57.00	05700	CT SCAN	0,320,393	12,870,233					
S9.00	58.00	05800	MAGNETIC RESONANCE	o	ō					
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\$\text{RANS.}\$ \$\text{CTRANS.}\$ \$\text{CTRANS.}\$ \$\text{0.06400}\$ \$\text{0.06400}\$ \$\text{0.06400}\$ \$\text{0.06400}\$ \$\text{0.06500}\$ \$0	63.00	06300	BLOOD STORING, PROCESSING	. 0	. 0	0.000000	0 00000	0.00000	ļ	63.00
65.00 06500 RESPIRATORY THERAPY 1,088,730 6,377,103 0.342461 0.000000 0.342461 0.000000 0.342461 0.000000 0.342461 0.000000 0.342461 0.000000 0.342461 0.0000000 0.342461 0.000000 0.342461 0.000000 0.342461 0.000000 0.342461 0.000000 0.342461 0.000000 0.342461 0.000000 0.342461 0.000000000 0.342461 0.0000000 0.342461 0.0000000 0.342461 0.0000000 0.342461 0.0000000 0.342461 0.00000000 0.342461 0.00000000 0.342461 0.0000000 0.342461 0.00000000 0.342461 0.00000000 0.342461 0.00000000 0.342461 0.0000000 0.342461 0.0000000 0.342461 0.0000000 0.342461 0.0000000 0.342461 0.0000000 0.342461 0.0000000 0.342461 0.00000000 0.342461 0.0000000 0.342461 0.00000000 0.342461 0.0000000000000000000000000000000000			& TRANS.			2.00000	3.00000	2.00000		00.00
66.00 06600 PHYSICAL THERAPY 5,594,045 6,826,849 0.583897 0.000000 0.583897 0.000000 0.583897 0.000000 0.583897 0.000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.00000000 0.349879 0.0000000 0.349879 0.00000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.0000000 0.349879 0.00000000 0.349879 0.00000000 0.349879 0.000000000 0.349879 0.00000000 0.349879 0.000000000 0.349879 0.00000000 0.349879 0.00000000 0.349879 0.000000000 0.349879 0.0000000000 0.349879 0.0000000000000000000000000000000000				1 000 775	0			1		
67.00 06700 OCCUPATIONAL THERAPY 1,101,990 2,008,126 0.349879 0.000000 0.349879 67.00 68.00 SPEECH PATHOLOGY 903,839 1,061,934 0.480093 0.000000 0.480093 68.00								1		
68.00 06800 SPEECH PATHOLOGY 903,839 1,061,934 0.480093 0.000000 0.480093 68.00	67.00	06700	OCCUPATIONAL THERAPY							
		06800	SPEECH PATHOLOGY	903,839	1,061,934	0.480093				
· ·	69.00	06900	ELECTROCARDIOLOGY	2,773,651	3,865,853	0.078845		1		

Health Financial Systems
COMPUTATION OF RATIO OF COSTS TO CHARGES

Period: From 01/01/2012 To 12/31/2012 Provider CCN: 150026

In Lieu of Form CMS-2552-10

Worksheet C
Part I

1/2012 Date/Time Prepared:
5/22/2013 11:41 am

					Titl	e XVIII	Hospital	PPS	
		Elvii Altae	Char	ges					
		Cost Center Description	Outpatient		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
		in in the same in the same in the same in the same in the same in the same in the same in the same in the same	7.00	8.00	9.00	10.00	11.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	7.00						70.00
71.00		MEDICAL SUPPLIES CHARGED	4,613,291	,	l .				71.00
		TO PATIENTS							
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,688,714	23,522,731	0.571546	0.000000	0.571546		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,597,666	117,355,870	0.220681	0.000000	0.220681		73.00
74.00	1	RENAL DIALYSIS	00,550.,660	0	0.000000		0.000000		74.00
75.00	1	ASC (NON-DISTINCT PART)	Ö	Ö	1				75.00
73.00		TIENT SERVICE COST CENTER						100	
88.00		RURAL HEALTH CLINIC	0	0)				88.00
89.00		FEDERALLY QUALIFIED	ő			ļ			89.00
03.00	00300	HEALTH CENTER	·	١	1				İ
90.00	09000	CLINIC	1,936,711	1,936,711	0.352205	0.000000	0.355059		90.00
90.01		WOMEN'S CENTER	1,550,711	1,550,111	0.000000				90.01
90.02		WOUND CLINIC	4,155,695	4,167,719	1				90.02
90.03		MOBILE CLINIC	474,131		1				90.03
91.00		EMERGENCY	13,632,135			1			91.00
92.00		OBSERVATION BEDS	6,117,704						92.00
92.00	03200	(NON-DISTINCT PART)	0,117,704	0,117,704	0.243020	0.00000	012/3020		
	OTHER	REIMBURSABLE COST CENTER	c			I			
94.00		HOME PROGRAM DIALYSIS	0	·	0.000000	0.000000	0.000000		94.00
95.00	1	AMBULANCE SERVICES	Ö	(l .				95.00
96.00		DURABLE MEDICAL	ŏ	ď					96.00
		EQUIP-RENTED	_			0.00000	0 000000		97.00
97.00	09700	DURABLE MEDICAL	0	ď	0.000000	0.000000	0.000000		97.00
		EQUIP-SOLD			0.00000	0 00000	0.000000		98.00
98.00	05950	OTHER REIMBURSABLE COST	U		0.000000	0.000000	0.000000		30.00
		CENTERS			J				99.00
99.00	09900	1	U		()				99.10
99.10	1	1	U	1	2				100.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		1				100.00
101.00	10100	HOME HEALTH AGENCY	1,648,659	1,648,659	9				101.00
	SPECI	AL PURPOSE COST CENTERS							
105.00		KIDNEY ACQUISITION	0	(105.00
106.00	10600	HEART ACQUISITION	O) ()				106.00
		LIVER ACQUISITION	C) (107.00
		LUNG ACQUISITION	C) (108.00
		PANCREAS ACQUISITION	d	i d	ol				109.00
		INTESTINAL ACQUISITION	Ö		ol				110.00
		ISLET ACQUISITION	Ö						111.00
		INTEREST EXPENSE							113.00
		UTILIZATION REVIEW-SNF							114.00
	1	AMBULATORY SURGICAL	c		o				115.00
		CENTER (D.P.)	3 663 443		-				116.00
	1	HOSPICE	3,661,117						200.00
200.00]	Subtotal (see instructions)	287,167,401	454,298,199	9				200.00
201.00)	Less Observation Beds							201.00
202.00	1	Total (see instructions)	287,167,401	454,298,199	9				202.00

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 150026

Period: Worksheet C From 01/01/2012 Part I To 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am

						-1 - 1/21/		5/22/2013 11:	41 am
		or control of the second second			170	le XIX	Hospital	Cost Charges	
		Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	Inpatient	
10110000000000000000000000000000000000			(from Wkst. B,	Adj.		Disallowance			
		2000	Part I, col.						
			26) 1.00	2.00	3.00	4.00	5.00	6.00	
	INPAT	IENT ROUTINE SERVICE COST		2.00	1 3.00	1 4.00	3.00	0.00	-
30.00		ADULTS & PEDIATRICS	16,338,758		16,338,758	0	0	30,023,304	30.00
31.00		INTENSIVE CARE UNIT	3,546,689		3,546,689		0	7,445,089	
32.00		CORONARY CARE UNIT	0		C) ·	0	0	
33.00 34.00		BURN INTENSIVE CARE UNIT	0		C	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE	0) 0	. 0		34.00
40.00	04000	SUBPROVIDER - IPF	0				0	n	40.00
41.00		SUBPROVIDER - IRF	ő				ő	0	41.00
42.00		SUBPROVIDER	0		C	0	0	0	42.00
43.00		NURSERY	558,014		558,014	0	0	1,866,305	43.00
44.00		SKILLED NURSING FACILITY	0		C	0	0	0	44.00
45.00 46.00		NURSING FACILITY OTHER LONG TERM CARE	0			0	0	0	45.00
10.00	ANCIL	LARY SERVICE COST CENTERS	<u> </u>		į	· U	0	U	46.00
50.00		OPERATING ROOM	16,163,163		16,163,163	0	0	17,950,060	50.00
51.00		RECOVERY ROOM	1,057,793		1,057,793		_	1,639,800	
52.00	05200	DELIVERY ROOM & LABOR	2,929,533		2,929,533	0	0	5,385,481	52.00
53.00	05300	ROOM ANESTHESIOLOGY					_		
53.00		PAIN MANAGEMENT	750,418		750 419	0	0	0	53.00
54.00		RADIOLOGY-DIAGNOSTIC	33,517,345		750,418 33,517,345		0	11,473,459	53.01 54.00
55.00		RADIOLOGY-THERAPEUTIC	180,581		180,581		0	2,207	i e
56.00		RADIOISOTOPE	0		0	Ō	0	0	1 -
56.01		CARDIAC CATH LAB	2,990,344		2,990,344	0	0	6,349,862	
57.00		CT SCAN	0		0	0	0	0	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		۱ ،	0	0	0	59.00
60.00	06000	LABORATORY	6,737,323		6,737,323	0	0	10,946,473	į.
60.01		BLOOD LABORATORY	, , o		0	ō	ō	0	60.01
61.00	06100	PBP CLINICAL LAB	0		0	0	0	0	
62.00	06200	SERVICES-PRGM ONLY					_	_	
02.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING	0		0	0	0	0	63.00
		& TRANS.	Ĭ	*			Ĭ	U	03.00
64.00		INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,183,909	0	2,183,909		0	5,288,373	
66.00 67.00		PHYSICAL THERAPY OCCUPATIONAL THERAPY	3,986,174	0	3,986,174		0	1,232,804	
68.00	06800	SPEECH PATHOLOGY	702,601 509,827	0	702,601 509,827	0	0	906,136 158,095	
69.00	06900	ELECTROCARDIOLOGY	304,803	Ŭ	304,803	0	0	1,092,202	1
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	o.	ŏ	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED	8,037,293		8,037,293	0	o	14,826,464	
72 00	07200	TO PATIENTS	13 444 334						
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,444,331		13,444,331	0	0	15,834,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,898,265		25,898,265	n'	0	31,758,204	73 00
		RENAL DIALYSIS	0		0	ŏ	ő	0 0	
75.00		ASC (NON-DISTINCT PART)	0		0	0	ō	ō	
00.00		TIENT SERVICE COST CENTER			7,8				
88.00 89.00		RURAL HEALTH CLINIC	0		0		0	0	
03.00	00900	FEDERALLY QUALIFIED HEALTH CENTER	U		0	0	o	0	89.00
90.00	09000	CLINIC	682,119		682,119	n	0	0	90.00
90.01		WOMEN'S CENTER	0		002,113	0	0	0	90.00
90.02		WOUND CLINIC	1,779,292		1,779,292	o	Ö	12,024	
90.03		MOBILE CLINIC	780,834		780,834	0	0	0	90.03
91.00		EMERGENCY	6,184,090		6,184,090	0	0	2,940,439	
92.00	U9200	OBSERVATION BEDS (NON-DISTINCT PART)	1,528,327		1,528,327		0	0	92.00
	OTHER	REIMBURSABLE COST CENTER	ς		1,3			149100	
94.00	09400	HOME PROGRAM DIALYSIS	0	T	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		Ö	o	o	0	
96.00	09600	DURABLE MEDICAL	0		0	o	ō	o	
97.00	00700	EQUIP-RENTED	_						
37.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		o	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST	0		0	n	O	o	98.00
		CENTERS			Ĭ	٩	٩	٩	30.00

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

In Lieu of Form CMS-2552-10

Period:
From 01/01/2012
To 12/31/2012
Worksheet C
Part I
Date/Time Prepared:
5/22/2013 11:41 am

						_		5/22/2013 11:	41 am
		SAR-WEIGHSASHINI (SAS-			Tit	le XIX	Hospital	Cost Charges	1
		Cost Center Description	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Inpatient	
			26)	2 22	2 20	4 00	F 00	6.00	
	00000		1.00	2.00	3.00	4.00	5.00	6.00	99.00
9.00			0		0		0	(1
		I&R SERVICES-NOT APPRVD	0		0		ő		100.00
.00.00	10000	PRGM	٩		ŭ		آ ا	·	
.01.00	10100	HOME HEALTH AGENCY	3,054,080		3,054,080		0		101.0
		AL PURPOSE COST CENTERS							
.05.00	10500	KIDNEY ACQUISITION	0		0		0		105.0
		HEART ACQUISITION	0		0		0		106.0
		LIVER ACQUISITION	0		0		0		107.0
		LUNG ACQUISITION	0		0		0		109.0
		PANCREAS ACQUISITION INTESTINAL ACQUISITION	o o		0		0		110.0
		ISLET ACQUISITION	0		0		ŏ		111.0
		INTEREST EXPENSE			•				113.0
		UTILIZATION REVIEW-SNF							114.0
		AMBULATORY SURGICAL	o		0		0	(115.0
		CENTER (D.P.)					_		
	11600	HOSPICE	2,055,328	_	2,055,328		. 0		116.0
200.00		Subtotal (see	155,901,234	0	155,901,234	o	O O	167,130,798	3 200.0
01 00		instructions)	1 520 227		1,528,327		0		201.0
01.00 02.00		Less Observation Beds Total (see instructions)	1,528,327 154,372,907	0	154,372,907	0	ŏ	167,130,798	
.02.00		Total (see Histructions)	134,372,907 Char		134,372,307			201,120,1	
		Cost Center Description	Outpatient	Total (col. 6	Cost or Other	TEFRA	PPS Inpatient		
		ALMAN .		+ col. 7)	Ratio	Inpatient	Ratio		
						Ratio			
		1750	7.00	8.00	9.00	10.00	11.00	14.	
		IENT ROUTINE SERVICE COST	CENTERS			I			30.0
		ADULTS & PEDIATRICS		30,023,304					31.0
		INTENSIVE CARE UNIT		7,445,089		1			
				ι					1 3/-1
		CORONARY CARE UNIT		0					32.0
3.00	03300	BURN INTENSIVE CARE UNIT		0 0					33.0
3.00	03300			0 0 0					33.0 34.0
3.00 4.00	03300 03400	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE		0 0					33.0 34.0 40.0
32.00 33.00 34.00 40.00 41.00	03300 03400 04000 04100	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF		0000					33.0 34.0 40.0 41.0
33.00 34.00 40.00 41.00 42.00	03300 03400 04000 04100 04200	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER		0 0 0 0					33. 34. 40. 41. 42.
33.00 34.00 40.00 41.00 42.00 43.00	03300 03400 04000 04100 04200 04300	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY		0 0 0 0 0 1,866,305					33. 34. 40. 41. 42. 43.
33.00 34.00 40.00 41.00 42.00 43.00 44.00	03300 03400 04000 04100 04200 04300 04400	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY		0 0 0 0 0 1,866,305					33. 34. 40. 41. 42. 43. 44.
3.00 4.00 0.00 1.00 2.00 3.00 4.00	03300 03400 04000 04100 04200 04300 04400 04500	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY		0 0 0 0 0 1,866,305 0					33. 34. 40. 41. 42. 43. 44. 45.
33.00 34.00 40.00 11.00	03300 03400 04000 04100 04200 04300 04400 04500 04600	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE		0 0 0 0 0 0 1,866,305 0 0					33. 34. 40. 41.
3.00 4.00 0.00 1.00 2.00 3.00 44.00 95.00 66.00	03300 03400 04000 04100 04200 04300 04400 04500 04600 ANCIL	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS		0 0 0 0		0.000000	0.00000		33. 34. 40. 41. 42. 43. 44. 45.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00	03300 03400 04000 04100 04200 04300 04400 04500 04600 ANCIL 05000	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE	5 29,099,603 2,135,073	0 0 0 0 47,049,663	0.343534		0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00	03300 03400 04000 04100 04200 04300 04400 04500 04600 ANCIL 05000 05100	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM	29,099,603	0 0 0 0 47,049,663	0.343534 0.280219	0.00000	0.000000		33. 34. 40. 41. 42. 43. 44. 45.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 0.00 1.00 2.00	03300 03400 04000 04100 04200 04300 04400 04500 04600 ANCTL 05000 05100	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM BELIVERY ROOM & LABOR ROOM	29,099,603	47,049,663 3,774,873	0.343534 0.280219 0.543969	0.000000 0.000000	0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 50. 51.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 0.00 1.00 2.00	03300 03400 04100 04100 04200 04300 04400 04600 ANCIL 05100 05200	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	29,099,603 2,135,073 0	47,049,663 3,774,873 5,385,481	0.343534 0.280219 0.543969 0.000000	0.000000 0.000000 0.000000	0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 50. 51. 52.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 0.00 1.00 2.00 3.00 3.01	03300 03400 04100 04100 04200 04300 04500 04600 ANCIL 0500 05100 05200	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT	29,099,603 2,135,073 0 0 1,735,780	47,049,663 3,774,873 5,385,481 0 1,735,780	0.343534 0.280219 0.543969 0.000000 0.432323	0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 50. 51. 52. 53.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 0.00 1.00 2.00 3.01 4.00	03300 03400 04000 04100 04200 04300 04500 04600 ANCIL 05000 05100 05200 05300 05301	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC	29,099,603 2,135,073 0 0 1,735,780 87,567,205	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 50. 51. 52. 53. 53. 54.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 0.00 1.00 2.00 3.01 4.00 5.00	03300 03400 04000 04100 04200 04300 04500 04600 ANCIL 05000 05100 05200 05301 05400 05500	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	29,099,603 2,135,073 0 0 1,735,780	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 51. 52. 53. 53. 54. 55.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 6.00 0.00 1.00 2.00 3.01 4.00 5.00 6.00	03300 03400 04000 04100 04200 04300 04400 04600 ANCIL 05000 05100 05200 05300 05300 05500 05600	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344	0 0 0 47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 50. 51. 52. 53. 53. 54. 55. 56.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 0.00 1.00 2.00 3.01 4.00 5.00 6.00	03300 03400 04100 04100 04200 04300 04400 04500 05100 05100 05300 05301 05400 05600 05601	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLSOTOPE CARDIAC CATH LAB	29,099,603 2,135,073 0 0 1,735,780 87,567,205	0 0 0 47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	-	33. 34. 40. 41. 42. 43. 44. 45. 46. 50. 51. 52. 53. 54. 55. 56.
3.00 4.00 0.00 11.00 22.00 33.00 4.00 55.00 6.00 0.00 2.00 33.01 4.00 56.00 66.01 7.00	03300 03400 04000 04100 04200 04300 04400 04600 05100 05200 05301 05400 05500 05601 05700	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC CARDIAC CATH LAB CT SCAN	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344	0 0 0 47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 50. 51. 52. 53. 54. 55. 56. 57.
3.00 4.00 0.00 11.00 22.00 33.00 4.00 55.00 6.00 0.00 2.00 33.01 4.00 56.00 66.01 7.00	03300 03400 04000 04100 04200 04300 04400 04600 05100 05200 05301 05400 05500 05601 05700	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLSOTOPE CARDIAC CATH LAB	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344	0 0 0 47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345 0.0000000 0.0000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 50. 51. 52. 53. 53. 54. 55. 56. 56. 57. 58.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 0.00 6.00 3.00 3.00 3.00 3.00 3.00 3	03300 03400 04000 04100 04200 04300 04500 04600 ANCIL 05000 05100 05200 05301 05400 05601 05601 05700 05800	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-THERAPEUTIC	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 51. 52. 53. 53. 54. 55. 56. 56. 56. 57. 58.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 0.00 1.00 2.00 0.00 1.00 2.00 0.00 1.00 2.00 0.00 1.00 0.00 0	03300 03400 04400 04100 04200 04300 04400 04500 05100 05100 05200 05301 05400 05500 05601 05700 05800	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 51. 52. 53. 53. 54. 55. 56. 56. 57. 58. 59. 60.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 0.00 1.00 2.00 3.01 4.00 5.00 6.01 7.00 8.00 9.00 0.00	03300 03400 04000 04100 04200 04300 04400 05000 05100 05200 05301 05400 05500 05601 05700 05800 05601 05900 06000 06000	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIAC CATH LAB CT SCAN MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION LABORATORY BLOOD LABORATORY	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000 0.225892 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 50. 51. 52. 53. 53. 54. 55. 56. 57. 58. 59. 60. 60.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 0.00 1.00 2.00 3.01 4.00 5.00 6.01 7.00 8.00 9.00 0.00	03300 03400 04000 04100 04200 04300 04400 05000 05100 05200 05301 05400 05500 05601 05700 05800 05601 05900 06000 06000	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC R	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46.
3.00 4.00 1.00 2.00 3.00 1.00 2.00 5.00 5.00 6.00 1.00 2.00 5.00 6.00 6.01 7.00 8.00 9.00 0.00 0.01	03300 03400 04000 04100 04200 04300 04500 04500 05100 05100 05200 05301 05400 05500 05601 05700 05800 05800	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM BELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC R	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255	0.343534 0.280219 0.543969 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000 0.225892 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 50. 51. 52. 53. 53. 54. 55. 56. 56. 57. 58.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 4.00 6.00 1.00 2.00 3.00 3.01 3.01 3.01 6.00 6.01 7.00 8.00 9.00 0.01	03300 03400 04000 04100 04200 04300 04500 04500 05100 05100 05200 05301 05400 05500 05601 05700 05800 05800	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000 0.225892 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 50. 51. 52. 53. 53. 54. 55. 56. 56. 57. 58.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.60 0.00 1.00 2.00 3.01 4.00 5.60 0.00 6.01 6.01 6.01 6.01 6.01 6.01 6	03300 03400 04000 04100 04200 04300 04400 04500 05100 05100 05200 05301 05400 05601 05700 05800 06001 06000 06001	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIO	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0 0 18,878,925	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255	0.343534 0.280219 0.543969 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000 0.225892 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 50. 51. 52. 53. 53. 54. 55. 56. 57. 58. 59. 60. 60.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 0.00 1.00 2.00 3.00 3.01 4.00 6.01 7.00 8.00 9.00 0.01 1.00	03300 03400 04000 04100 04200 04300 04400 04500 05100 05100 05200 05301 05400 05601 05700 05800 06001 06000 06001	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTER: OPERATING ROOM RECOVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0 0 18,878,925	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000 0.225892 0.0000000 0.0000000 0.0000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 51. 52. 53. 54. 55. 56. 56. 57. 58. 59. 60. 60. 61. 62. 63.
3.00 4.00 0.00 1.00 2.00 3.00 6.00 0.00 1.00 2.00 3.00 3.01 3.00 3.01 3.01 6.00 6.01 7.00 8.00 9.00 0.00 1.00 1.00 1.00 1.00 1.00 1	03300 03400 04400 04100 04200 04300 04500 04500 05100 05200 05300 05301 05400 05601 05700 05800 05601 05700 06001 06100	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLSOTOPE CARDIAC CATH LAB CT SCAN MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION LABORATORY BLOOD LABORATORY PBP CLINICAL LAB SERVICES-PROM ONLY WHOLE BLOOD CELLS BLOOD CELLS BLOOD CELLS	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0 0 18,878,925	0 0 0 47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255 0 0 29,825,398	0.343534 0.280219 0.543969 0.432323 0.338420 0.738419 0.000000 0.232345 0.000000 0.000000 0.225892 0.000000 0.0000000 0.0000000000000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 51. 52. 53. 53. 54. 55. 56. 56. 57. 58. 59. 600 601. 62. 63. 64.
3.00 4.00 0.00 1.00 2.00 3.00 6.00 0.00 1.00 2.00 3.00 3.01 3.00 3.01 3.00 3.01 5.00 6.01 7.00 8.00 0.01 1.00 2.00	03300 03400 04400 04100 04200 04300 04500 04600 05100 05200 05301 05400 05601 05700 05601 05700 06001 06100 06200	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE CARDIAC CATH LAB CT SCAN MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION LABORATORY BLOOD LABORATORY PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD STORING, PROCESSING & TRANS.	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 0 6,520,393 0 0 18,878,925 0 0	0 0 0 47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255 0 0 29,825,398 0 0	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.232345 0.0000000 0.0000000 0.255892 0.0000000 0.0000000000000000000000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 55. 56. 56. 57. 58. 59. 60. 60. 60. 61. 62. 63. 64. 65.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 0.00 1.00 2.00 3.01 4.00 6.00 6.01 6.00 6.01 6.00 6.01 6.00 6.01 6.00 6.01 6.00 6.01 6.00 6.01 6.00 6.01 6.00 6.01 6.00 6.01 6.00 6.01 6.01	03300 03400 04000 04100 04200 04300 04400 05000 05100 05200 05301 05400 05500 05601 05700 05601 06000 06001 06100 06200	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLSOTOPE CARDIAC CATH LAB CT SCAN MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION LABORATORY BLOOD LABORATORY PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY PHYSICAL THERAPY	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 6,520,393 0 0 18,878,925 0 0 0 1,088,730 5,594,045	47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255 0 0 29,825,398 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.000000 0.000000 0.225892 0.000000 0.0000000 0.0000000 0.00000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 50. 51. 52. 53. 53. 54. 55. 56. 57. 58. 59. 60. 60. 61. 62. 63. 64. 65. 66. 66. 66. 66. 66. 66. 66. 66. 66
3.00 4.00 0.00 0.100 1.100 2.200 3.300 4.00 15.00 16.00 10.00 11.00 12.00 13.00 13.00 13.00 13.00 13.00 13.01 14.00 15.00 16.00	03300 03400 04000 04100 04200 04300 04400 05000 05100 05200 05301 05400 05500 05601 05700 06601 06100 06200 06400 06500 06600 06500 06600 06500 06600 06700	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE CARDIAC CATH LAB CT SCAN MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION LABORATORY BLOOD LABORATORY PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY PHYSICAL THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 6,520,393 0 0 18,878,925 0 0 1,088,730 5,594,045 1,101,990	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.000000 0.000000 0.225892 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 46. 50. 51. 52. 53. 53. 54. 55. 56. 57. 58. 60. 60. 61. 62. 63. 64. 65. 66. 67.
3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 0.00 1.00 2.00 3.30 3.01 4.00 55.00 66.01 67.00 66.01 67.00 66.01 67.00 66.01 67.00 66.01 67.00 66.01 67.00 66.01 66.01 66.01 67.00 66.01	03300 03400 04400 04100 04200 04300 04500 04500 05100 05100 05200 05300 05301 05400 05500 05601 05700 06000 06000 06100 06200	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER - IRF SUBPROVIDER NURSERY SKILLED NURSING FACILITY OTHER LONG TERM CARE LARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN MANAGEMENT RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLSOTOPE CARDIAC CATH LAB CT SCAN MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION LABORATORY BLOOD LABORATORY PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY PHYSICAL THERAPY	29,099,603 2,135,073 0 1,735,780 87,567,205 242,344 6,520,393 0 0 18,878,925 0 0 0 1,088,730 5,594,045	0 0 0 0 47,049,663 3,774,873 5,385,481 0 1,735,780 99,040,664 244,551 0 12,870,255 0 0 29,825,398 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.343534 0.280219 0.543969 0.000000 0.432323 0.338420 0.738419 0.000000 0.000000 0.000000 0.025892 0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000	0.000000 0.000000 0.000000 0.000000 0.000000		33. 34. 40. 41. 42. 43. 44. 45. 45. 55. 566. 57. 58. 59. 60. 60. 61. 62. 63. 64. 65. 66. 66. 66. 66. 66. 66. 66. 66. 66

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

In Lieu of Form CMS-2552-10

Period:
From 01/01/2012 Part I
To 12/31/2012 Date/Time Prepared:
5/22/2013 11:41 am

			**********	· · · · · · · · · · · · · · · · · · ·	T;+	le XIX		5/22/2013 11:41 am
			Chai	raes	1 116	ie viv	Hospital	Cost
		Cost Center Description	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	And the second
22/2			7.00	8.00	9.00	10.00	11.00	
70.00 71.00		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED	0 4,613,291	0 19,439,755	0.00000	0.000000 0.000000		70.00 71.00
72.00	07200	TO PATIENTS IMPL. DEV. CHARGED TO	7,688,714	23,522,731	0.571546	0.000000	0.000000	72.00
73.00	07300	PATIENTS DRUGS CHARGED TO PATIENTS	85,597,666	117,355,870	0.220681	0.000000	0.000000	73.00
74.00		RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000	74.00
75.00		ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
		TIENT SERVICE COST CENTER	S		•			574.1
88.00		RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00		FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00		CLINIC	1,936,711	1,936,711	0.352205	0.000000	0.000000	90.00
90.01		WOMEN'S CENTER	0	0	0.000000	0.000000	0.000000	90.01
90.02		WOUND CLINIC	4,155,695	4,167,719	0.426922	0.000000	0.000000	90.02
90.03		MOBILE CLINIC	474,131	474,131	1.646874	0.000000	0.000000	90.03
91.00		EMERGENCY	13,632,135	16,572,574	0.373152	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS	6,117,704	6,117,704	0.249820	0.000000	0.000000	92.00
		(NON-DISTINCT PART)					L	
		REIMBURSABLE COST CENTER						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000		94.00
95.00		AMBULANCE SERVICES	0	0	0.000000	0.000000		95.00
96.00		DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000	96.00
97.00		DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000	97.00
98.00		OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000	98.00
99.00	09900		0	0				99.00
99.10	09910		0	0				99.10
		I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00		HOME HEALTH AGENCY	1,648,659	1,648,659				101.00
		AL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0				106.00
		LIVER ACQUISITION	0	0				107.00
100.00	10800	LUNG ACQUISITION	0	0				108.00
109.00	11000	PANCREAS ACQUISITION	0	0				109.00
111.00	111000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
		INTEREST EXPENSE						113.00
115 00	11500	UTILIZATION REVIEW-SNF		_				114.00
TT3.00	11200	AMBULATORY SURGICAL	o	0				115.00
116 00	11600	CENTER (D.P.) HOSPICE	2 661 117	2 661 445				
200.00		Subtotal (see	3,661,117	3,661,117			1	116.00
200.00		instructions)	287,167,401	454,298,199				200.00
201.00		Less Observation Beds						
202.00		Total (see instructions)	287,167,401	454,298,199				201.00 202.00

Provider CCN: 150026 Period: From 01/01/2012 Part I

				Ť	o 12/31/2012	Date/Time Prep 5/22/2013 11:4	
			Titl	e XVIII	Hospital	PPS	
	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	12
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.0				
30.00	ADULTS & PEDIATRICS	1,063,503	C	_, -, ,	· ·	54.66	30.00
31.00	INTENSIVE CARE UNIT	417,143		417,143	2,205		31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	
40.00	SUBPROVIDER - IPF	0	C	0	0	0.00	
41.00	SUBPROVIDER - IRF	0	C	0	0	0.00	
42.00	SUBPROVIDER	0	C	0	0	0.00	
43.00	NURSERY	40,304		40,304	2,181	18.48	ı
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	
45.00	NURSING FACILITY	0		0	0	0.00	
200.00	Total (lines 30-199)	1,520,950		1,520,950	23,843		200.00
	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		T.		
		6.00	7.00			- 2	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,448		1			30.00
31.00	INTENSIVE CARE UNIT	878	166,100)			31.00
32.00	CORONARY CARE UNIT	0	()			32.0
33.00	BURN INTENSIVE CARE UNIT	0)			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	()			34.0
40.00	SUBPROVIDER - IPF	0	()			40.00
41.00	SUBPROVIDER - IRF	0	()			41.00
42.00	SUBPROVIDER	0	(42.0
43.00	NURSERY	0	()			43.0
44.00	SKILLED NURSING FACILITY	0)			44.0
45.00	NURSING FACILITY	0	()			45.0 200.0
	Total (lines 30-199)	8,326	573,208				

APPORT	FIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL	COSTS	,	CCN: 150026	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Pre 5/22/2013 11:	
				e XVIII	Hospital	PPS	
	Cost Center Description	Capital	Total Charges			Capital Costs	
		Related Cost	(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,		(col. $1 \div col$. Charges	column 4)	
		Part II, col.	8)	2)			
		26)			2.2	9.11	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50.00	05000 OPERATING ROOM	2,755,451	47,049,663	0.05050	F 4 514 000	264.260	
51.00	05100 RECOVERY ROOM					· · · · · · · · · · · · · · · · · · ·	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	84,472			,		
53.00	05300 ANESTHESIOLOGY	212,940	5,385,481	0.03954			1
53.00	05301 PAIN MANAGEMENT	62 141	1 725 700	0.00000	1		
54.00	05400 RADIOLOGY-DIAGNOSTIC	62,141		0.03580		0	
55.00	05500 RADIOLOGY-THERAPEUTIC	3,345,035		1		165,450	
56.00	05600 RADIOISOTOPE	25,072				0	
56.01	05601 CARDIAC CATH LAB	0	12.070.255	0.00000	I .	0	
57.00	05700 CT SCAN	536,960	12,870,255				
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0.00000		0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	U O	0.0000		0	
60.00	06000 LABORATORY	302,371	29,825,398	0.00000		0	59.00
60.01	06001 BLOOD LABORATORY	302,371	29,023,390			51,346	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	U	0.00000	u u	0	00.02
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0.00000		•	61.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.00000	1	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.00000		0	63.00
65.00	06500 RESPIRATORY THERAPY	94,108	6,377,103	0.00000		0	64.00
66.00	06600 PHYSICAL THERAPY	374,722		0.01475		32,646	65.00
67.00	06700 OCCUPATIONAL THERAPY	11,667	2,008,126	0.05488		37,099	66.00
68.00	06800 SPEECH PATHOLOGY	8,003	1,061,934	0.00581 0.00753		3,010	67.00
69.00	06900 ELECTROCARDIOLOGY	18,500	3,865,853	0.00733		848	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	10,300	3,003,033	0.00000		3,740	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	112,810	19,439,755	0.00580	-	0	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	184,308	23,522,731	0.00783		51,642	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	435,864	117,355,870	0.00783		51,738	
74.00	07400 RENAL DIALYSIS	0	117,555,670	0.00000		43,846 0	
75.00	07500 ASC (NON-DISTINCT PART)	o	0	0.00000		0	74.00 75.00
	OUTPATIENT SERVICE COST CENTERS			0.00000	o ₁	U	75.00
88.00	08800 RURAL HEALTH CLINIC	ol	ol	0.00000	0 0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	ō	ő	0.00000		ő	89.00
90.00	09000 CLINIC	53,766	1,936,711	0.02776		ő	90.00
90.01	09001 WOMEN'S CENTER	0	0	0.00000		0	90.01
90.02	09002 WOUND CLINIC	95,342	4,167,719	0.02287		o	90.02
90.03	09003 MOBILE CLINIC	20,702	474,131	0.04366		0	90.03
91.00	09100 EMERGENCY	557,042	16,572,574	0.03361	1	48,105	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	99,480	6,117,704	0.01626		0,103	92.00
	OTHER REIMBURSABLE COST CENTERS		.,,	0.02020	=	Ü	32.00
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.00000	o o	0	94.00
95.00	09500 AMBULANCE SERVICES					ا آ	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.00000	ol ol	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	o	0.00000	ol o	o	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.00000	0	0	98.00
200.00	Total (lines 50-199)	9,390,756	409,653,725		50,090,388	850,068	200.00

IU HEALTH GOSHEN HOSPITAL Period: From 01/01/2012 Provider CCN: 150026 Worksheet D APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Part III Date/Time Prepared: 12/31/2012 To 5/22/2013 11:41 am Title XVIII Hospital PPS Total Costs Cost Center Description Nursing School Allied Health All Other Swing-Bed Cost Medical Adjustment (sum of cols. Education Cost Amount (see 1 through 3, instructions) minus col. 4) 3.00 4.00 5.00 1.00 2.00 INPATIENT ROUTINE SERVICE COST CENTERS 0 30.00 30.00 03000 ADULTS & PEDIATRICS 0 0 31.00 31.00 03100 INTENSIVE CARE UNIT 0 0 32.00 03200 CORONARY CARE UNIT 33.00 33.00 03300 BURN INTENSIVE CARE UNIT 0 0 0 34.00 34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 0 40.00 40.00 0 41.00 41.00 0 0 42.00 42.00 04200 SUBPROVIDER 0 0 43.00 43.00 04300 NURSERY 44.00 04400 SKILLED NURSING FACILITY 0 44.00 0 45.00 45.00 04500 NURSING FACILITY Total (lines 30-199) 0 200.00 200.00 Inpatient PSA Adj. Inpatient Total Patient Per Diem (col. Cost Center Description Nursing School Program Days Program Days 5 ÷ col. 6) Pass-Through Cost (col. 7 x col. 8) 9.00 7.00 8.00 11.00 6.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 7,448 03000 ADULTS & PEDIATRICS 19,457 0.00 31.00 O 31.00 03100 INTENSIVE CARE UNIT 2,205 0.00 878 0.00 0 32.00 32.00 03200 CORONARY CARE UNIT 0 33.00 33.00 03300 BURN INTENSIVE CARE UNIT 0.00 34.00 0.00 34.00 03400 SURGICAL INTENSIVE CARE UNIT 40.00 0.00 40.00 04000 SUBPROVIDER - IPF 0 0 41.00 04100 SUBPROVIDER - IRF 0.00 41.00 42.00 0 04200 SUBPROVIDER 0.00 42.00 43.00 0 04300 NURSERY 2,181 0.00 43.00 44.00 0.00 0 0 04400 SKILLED NURSING FACILITY 44.00 0 45.00 04500 NURSING FACILITY 0.00 45.00 0 200.00 8.326 200.00 Total (lines 30-199) PSA Adj. All Cost Center Description PSA Adj. Other Medical Allied Health Cost **Education Cost** 13.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30.00 03000 ADULTS & PEDIATRICS 31.00 0 31.00 03100 INTENSIVE CARE UNIT 0 0 32.00 03200 CORONARY CARE UNIT 32.00 0 33.00 0 33.00 03300 BURN INTENSIVE CARE UNIT 34.00 0 0 0 34.00 03400 SURGICAL INTENSIVE CARE UNIT 40.00 04000 SUBPROVIDER - IPF 0 40.00 41.00 04100 SUBPROVIDER - IRF 41.00 42.00 42.00 04200 SUBPROVIDER 43.00 43.00 04300 NURSERY 0 0 0 44.00 44.00 04400 SKILLED NURSING FACILITY

45.00

200.00

45.00 04500 NURSING FACILITY

Total (lines 30-199)

200.00

				Т	o 12/31/2012	Date/Time Pre 5/22/2013 11:	
			Tit1	e XVIII	Hospital	PPS	71 UIII
	Cost Center Description	Non Physician N Anesthetist Cost			All Other Medical Education Cost	Total Cost (sum of col 1 through col.	
		1.00	2.00	3.00	4,00	4) 5.00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3,00	4.00	3.00	
50.00		0	0	0	ol	0	50.00
51.00	05100 RECOVERY ROOM	ŏ	ň) o	ő	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	ŏ	ő	ŏ	ŏ	0	1
53.00	05300 ANESTHESIOLOGY	o	0	ŏ	0	0	53.00
53.01	05301 PAIN MANAGEMENT	ŏ	o O	o 0	ام	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	ŏ	0	ň	ő	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	ŏ	ñ	0	ő	0	55.00
56.00	05600 RADIOISOTOPE	ŏ	0	0	ŏ	0	56.00
56.01	05601 CARDIAC CATH LAB	ŏ	. 0	Ĭ	0	0	56.01
57.00	05700 CT SCAN	ŏ	ň	Ŏ	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	ŏ	ő	ŏ	0	0	1
59.00	05900 CARDIAC CATHETERIZATION	o o	0	0	٥	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	o	o O	0	ŏ	0	60.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		J	,	· ·	U	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	٨	0	0	1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	
64.00	06400 INTRAVENOUS THERAPY	0	. 0	0	o o	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	ő	ŏ	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	١	ŏ	٥	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	٥	ŏ	ŏ	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	Ŏ	n	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	ŏ	Ô	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	Ŏ	ŏ	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	ام	ő	Ŏ	0	. 0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	Ŏ	ő	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	. 0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	o	ŏ	ŏ	ŏ	. 0	75.00
	OUTPATIENT SERVICE COST CENTERS	-I <u>9</u>	· ·	<u> </u>	0		73.00
88.00	08800 RURAL HEALTH CLINIC	0	0	ol	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	ő	ő	ŏ	ŏ	Ö	89.00
90.00	09000 CLINIC	ol	o	o	ŏ	ő	90.00
90.01	09001 WOMEN'S CENTER	o	ŏ	ŏ	0	ő	90.01
90.02	09002 WOUND CLINIC	Ŏ	ő	ŏ	0	0	90.02
90.03	09003 MOBILE CLINIC	o	ŏ	ő	ő	0	90.02
91.00	09100 EMERGENCY	0	o	253,698	ŏ	253,698	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	o	ŏ	233,030	ŏ	233,030	92.00
	OTHER REIMBURSABLE COST CENTERS	-1	• • •	<u> </u>	- 0	U	32.00
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES			Ĭ	٩	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	i ol	ol	o	o	o	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	ام	õ	ŏ	n	ŏ	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	o	ŏ	ŏ	0	0	98.00
200.00	Total (lines 50-199)	O	o	253,698	ŏ	253,698	
			-1	, +1	31	202,030	

HOSPITAL IN Lieu of Form CMS-2552-10

Provider CCN: 150026 | Period: | Worksheet D | Part IV | Date/Time Prepared: 5/22/2013 11:41 am | From CMS-2552-10

				'	0 12/31/2012	5/22/2013 11:4	
			Titl	e XVIII	Hospital	PPS	
	Cost Center Description	Total		Ratio of Cost	Outpatient	Inpatient	
		Outpatient	(from Wkst. C.	to Charges	Ratio of Cost	Program	
		Cost (sum of	Part I, col.	(col. 5 ÷ col.	to Charges	Charges	
		col. 2, 3 and	8)	7)	(col. 6 ÷ col.		
		4)			7)		
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		47,049,663			4,514,098	
51.00	05100 RECOVERY ROOM	C	3,774,873	0.000000		573,509	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	C	5,385,481			4,383	52.00
53.00	05300 ANESTHESIOLOGY	C	0			0	53.00
53.01	05301 PAIN MANAGEMENT	C	1,735,780			0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	C	99,040,664			4,898,751	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	C	244,551	0.00000		0	55.00
56.00	05600 RADIOISOTOPE		0	0.00000		0	56.00
56.01	05601 CARDIAC CATH LAB		12,870,255	0.00000		1,994,786	56.01
57.00	05700 CT SCAN		0	0.00000		0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.00000		0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0.00000		0	59.00
60.00	06000 LABORATORY		29,825,398	0.00000		5,064,746	60.00
60.01	06001 BLOOD LABORATORY		0	0.00000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS) c	0.00000		. 0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.)	0.00000		0	63.00
64.00	06400 INTRAVENOUS THERAPY	(o c	0.00000		0	64.00
65.00	06500 RESPIRATORY THERAPY		6,377,103	0.00000		2,212,258	
66.00	06600 PHYSICAL THERAPY		6,826,849			675,886	
67.00	06700 OCCUPATIONAL THERAPY		2,008,126	0.00000		518,100	
68.00	06800 SPEECH PATHOLOGY		1,061,934	0.00000	0.000000	112,583	
69.00	06900 ELECTROCARDIOLOGY		3,865,853	0.00000		781,662	
70.00	07000 ELECTROENCEPHALOGRAPHY	() (0.00000		. 0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	(19,439,755	0.00000			
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		23,522,731	0.00000			
73.00	07300 DRUGS CHARGED TO PATIENTS		117,355,870	0.00000			
74.00	07400 RENAL DIALYSIS			0.00000			1
75.00	07500 ASC (NON-DISTINCT PART)		(0.00000	0.000000		75.00
	OUTPATIENT SERVICE COST CENTERS					1	
88.00	08800 RURAL HEALTH CLINIC	() (88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	() (0.00000	1		89.00
90.00	09000 CLINIC		1,936,71				90.00
90.01	09001 WOMEN'S CENTER			0.00000			90.01
90.02	09002 WOUND CLINIC		4,167,719	1			50.0-
90.03	09003 MOBILE CLINIC		474,131				
91.00	09100 EMERGENCY	253,698	16,572,574				
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,117,704	0.00000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS				0.00000		04.00
94.00	09400 HOME PROGRAM DIALYSIS	•	0	0.00000	0.000000	ı u	94.00
95.00	09500 AMBULANCE SERVICES				0 000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	1	0				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1	9	0.0000			
98.00	05950 OTHER REIMBURSABLE COST CENTERS) (0.00000	0.000000	50,090,388	
200.00	Total (lines 50-199)	253,69	409,653,72	>	1	1 30,090,388	1200.00

					5/22/2013 11:4		
M-1			Titl	e XVIII	Hospital	PPS	
	Cost Center Description	Inpatient	Outpatient	Outpatient	PSA Adj. Non	PSA Adj.	
		Program	Program	Program	Physician	Nursing School	
		Pass-Through	Charges	Pass-Through	Anesthetist		
		Costs (col. 8		Costs (col. 9	Cost		
		x col. 10)		x col. 12)			
1.5		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS				2		
50.00	05000 OPERATING ROOM	0	5,658,281	0	C	0	50.00
51.00	05100 RECOVERY ROOM	O	572,371	0	C	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	C	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	C	0	53.00
53.01	05301 PAIN MANAGEMENT	0	409,228	0	C	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,476,933	0	C	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	. 0) 0	56.00
56.01	05601 CARDIAC CATH LAB	0	2,216,707	0	0	o o	56.01
57.00	05700 CT SCAN	0	0	0	Ō	Ŏ	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	ō	Ö	Ö	58.00
59.00	05900 CARDIAC CATHETERIZATION	o	Õ	ő	Ŏ	ő	59.00
60.00	06000 LABORATORY	ő	878,532	٥	Ô	Ö	60.00
60.01	06001 BLOOD LABORATORY	o	0,0,332	ď	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		J	Ŭ	·	, ,	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	٥	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	820,888	0	0		64.00
66.00	06600 PHYSICAL THERAPY	0	020,000	0	. 0	0	65.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	1 011	0	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	1,011	U	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,473,728	U O	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4 022 224	U O	U	0	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,023,234	U	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,871,529	0	0	0	72.00
74.00	07400 RENAL DIALYSIS	0	26,755,274	0	Ü	0	73.00
75.00		0	0	0	0	0	74.00
73.00	07500 ASC (NON-DISTINCT PART)	0	U	0	0	0	75.00
88.00	OUTPATIENT SERVICE COST CENTERS	T	al				
89.00	08800 RURAL HEALTH CLINIC	0	0	0	0	1 "	88.00
90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	. 0	0	0	0	89.00
	09000 CLINIC	0	532,202	0	0	0	90.00
90.01	09001 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CLINIC	0	0	0	0	0	90.02
90.03	09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	21,909	1,987,308	30,422	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,201,147	0	0		92.00
04.00	OTHER REIMBURSABLE COST CENTERS	T					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	o	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	o	0	0	o	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	21,909	70,878,373	30,422	0	0	200.00
						,	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150026 Period: From 01/01/20

Period: Worksheet D Part IV Date/Time Prepared: 5/22/2013 11:41 am

			Titl	e XVIII	Hospital	PPS
	Cost Center Description	PSA Adj.	PSA Adj. All			10 10 10 10 10 10 10 10 10 10 10 10 10 1
		Allied Health		i i i i i i i i i i i i i i i i i i i		
			Education Cost			100
		23.00	24.00	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		SUPPLIES AND CONTROL OF THE CONTROL
	ANCILLARY SERVICE COST CENTERS	1			100	50.00
	05000 OPERATING ROOM					51.00
51.00	05100 RECOVERY ROOM		U			52.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9	U			
53.00	05300 ANESTHESIOLOGY		0			53.00
53.01	05301 PAIN MANAGEMENT		0			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	9	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0			55.00
56.00	05600 RADIOISOTOPE	(0			56.00
56.01	05601 CARDIAC CATH LAB		0			56.01
57.00	05700 CT SCAN	(0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0			58.00
59.00	05900 CARDIAC CATHETERIZATION		0			59.00
60.00	06000 LABORATORY		0			60.00
60.01	06001 BLOOD LABORATORY		0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0			63.00
64.00	06400 INTRAVENOUS THERAPY		0			64.00
65.00	06500 RESPIRATORY THERAPY		0			65.00
66.00	06600 PHYSICAL THERAPY		0			66.00
67.00	06700 OCCUPATIONAL THERAPY		0	1		67.00
68.00	06800 SPEECH PATHOLOGY		0			68.00
69.00	06900 ELECTROCARDIOLOGY		0	i e		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	1		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1 (0			73.00
74.00	07400 RENAL DIALYSIS	(0)		74.00
75.00	07500 ASC (NON-DISTINCT PART)		0)		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		0)		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0)		89.00
90.00	09000 CLINIC		0 0)		90.00
90.01	09001 WOMEN'S CENTER	1 -	0 0)		90.01
90.02	09002 WOUND CLINIC		0			90.02
			0 0)		90.03
	09100 EMERGENCY		0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0 0) .		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS		0 0)		94.00
95.00	09500 AMBULANCE SERVICES			1		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0 0)		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0)		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	1 .	0 0	o		98.00
200.00			ol o			200.00
200.00	1 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	•	•		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

						5/22/2013 11:	41 am
PROGRAMME.			_ Titl	e XVIII	Hospital	PPS	
				Charges	7	Costs	
	Cost Center Description		PPS Reimbursed		Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Services	Services Not		15.00
		Part I, col. 9	FARMEN.	Subject To	Subject To		
				Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
	Investigation of the second of	1.00	2.00	3.00	4.00	5.00	
FO 00	ANCILLARY SERVICE COST CENTERS	T	T		,		
50.00	05000 OPERATING ROOM	0.343534	1 ' '	1	0	1,943,812	
51.00	05100 RECOVERY ROOM	0.280219		ł.	1	160,389	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.543969		_	1	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000		C	1	0	1
53.01	05301 PAIN MANAGEMENT	0.432323		C	0	176,919	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.338420		C	0	6,929,804	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.738419		C	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000		0	0	0	
56.01	05601 CARDIAC CATH LAB	0.232345	2,216,707	0	0	515,041	56.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	O	0	0	59.00
60.00	06000 LABORATORY	0.225892		0	0	198,453	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	C	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	o		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	o o	. 0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	o	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	. 0	o	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.342461	820,888	. 0	0	281,122	65.00
66.00	06600 PHYSICAL THERAPY	0.583897	0	0	o	. 0	
67.00	06700 OCCUPATIONAL THERAPY	0.349879	0	0	o	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.480093	1,011	0	o	485	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078845	2,473,728	0	o o	195,041	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	. 0	o	. 0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413446	4,023,234	0	ol ol	1,663,390	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.571546		0	ol	1,069,665	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220681	26,755,274	0	39,787	5,904,381	73.00
74.00	07400 RENAL DIALYSIS	0.000000		0	0	0	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	ol	0	
	OUTPATIENT SERVICE COST CENTERS				-,	-	1
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				ő	
90.00	09000 CLINIC	0.352205	532,202	0	o	187,444	
90.01	09001 WOMEN'S CENTER	0.000000	0	ŏ	1 -1	0	
90.02	09002 WOUND CLINIC	0.426922	ő	ŏ	ام	0	
90.03	09003 MOBILE CLINIC	1.646874	n	0	١	0	
91.00	09100 EMERGENCY	0.373152	1,987,308	0	0	741,568	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.249820	2,201,147	0	Ö	549,891	
	OTHER REIMBURSABLE COST CENTERS	, 3,2,3320	=,201,147		<u> </u>	J77,031	32.00
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0	T		94.00
95.00	09500 AMBULANCE SERVICES	0.000000	ļ	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	n	0	١	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0		0	98.00
200.00	Subtotal (see instructions)	3.000000	70,878,373	0	39,787	20,517,405	
201.00			10,070,373	0	39,787	20,317,403	
	Only Charges			U			201.00
202.00			70,878,373	0	39,787	20,517,405	202 00
	, 5 (, ,	, 0,0,0,5/5	U	33,707	20,317,403	1202.00

Provider CCN: 150026

In Lieu of Form CMS-2552-10

Period: Worksheet D
From 01/01/2012 Part V
TO 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am
Hospital PPS

			Titl	e XVIII	Hospital	PPS
		Co	sts			
	Cost Center Description	Cost	Cost			
	선생님 경우를 만든지 않는데 보다 가는 것이다.	Reimbursed	Reimbursed			
		Services	Services Not			30.00
		Subject To	Subject To			
		Ded. & Coins.	Ded. & Coins.			
		(see inst.)	(see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS	<u>, dilakin</u>	<u>a Garana e</u>			
50.00	05000 OPERATING ROOM			I .		50.
51.00	05100 RECOVERY ROOM) 0				51.
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	1		52.
53.00	05300 ANESTHESIOLOGY	0	0			53.
53.01	05301 PAIN MANAGEMENT	0	0	1		53.
54.00	05400 RADIOLOGY-DIAGNOSTIC	C	1	1		54.
55.00	05500 RADIOLOGY-THERAPEUTIC	C)			55.
56.00	05600 RADIOISOTOPE	C				56.
56.01	05601 CARDIAC CATH LAB	C		1		56.
57.00	05700 CT SCAN	C				57.
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	C)		58.
59.00	05900 CARDIAC CATHETERIZATION	(C		1		59.
60.00	06000 LABORATORY	0	1	1		60.
60.01	06001 BLOOD LABORATORY	0	I .			60.
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		1			61.
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1			62.
63.00	06300 BLOOD STORING, PROCESSING & TRANS.) ()		63.
64.00	06400 INTRAVENOUS THERAPY	C) 9)		64.
65.00	06500 RESPIRATORY THERAPY	j) ()		65.
66.00	06600 PHYSICAL THERAPY] 9)		66.
67.00	06700 OCCUPATIONAL THERAPY	9		2		67.
68.00	06800 SPEECH PATHOLOGY					
69.00	06900 ELECTROCARDIOLOGY					69.
70.00	07000 ELECTROENCEPHALOGRAPHY	9				70.
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			1		71.
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0.700	r		73.
73.00	07300 DRUGS CHARGED TO PATIENTS		8,780	: I		74.
74.00	07400 RENAL DIALYSIS			·		75.
75.00	07500 ASC (NON-DISTINCT PART)	()}	<u>/</u>		/3.
	OUTPATIENT SERVICE COST CENTERS	T) (<u> </u>		88.
88.00	08800 RURAL HEALTH CLINIC		1	-		89.
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90.03	09100 EMERGENCY		1	1		91.
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1		*		92.
32.00	OTHER REIMBURSABLE COST CENTERS		·1	- 1		
94.00	09400 HOME PROGRAM DIALYSIS	1 () (ol .		94.
95.00	09500 AMBULANCE SERVICES	i	1			95.
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	``		o		96.
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	``		o		97.
98.00	05950 OTHER REIMBURSABLE COST CENTERS	7		o		98.
200.00		7	8,780	Ö		200.
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ART 1 ALL PROVIDER Chaecoentrs PART 1 - ALL PROVIDER Chaecoentrs NAME THY AND STATE AND STATE CHAECOENTS Inpatient days (including private room days and swing-bed days, excluding membern) Inpatient days (including private room days, excluding swing-bed membern days) Inpatient days (including private room days, excluding swing-bed membern days) Inpatient days (including private room days, excluding swing-bed membern days) Inpatient days (including private room days, excluding swing-bed membern days) Inpatient days (including private room days) Inpatient days (including swing-bed and observation bed days). If you have only private room days, do not complete this line; Inpatient days (including swing-bed and observation bed days). If you have only private room days, and including private room days) after December 31 of the cost reporting period in grief and swing-bed and observation bed days). If you have only private room days, and including private room days) after December 31 of the cost reporting period (see landary year, enter 0 on this line) Inpatient days (including private room days) after December 31 of the cost reporting period (see instructions) Inpatient days (including private room days) after December 31 of the cost reporting period (see instructions) Inpatient days (including private room days) after December 31 of the cost reporting period (see instructions) Inpatient days (including private room days) after December 31 of the cost reporting period (see instructions) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (including private room days) Inpatient days (incl				To 12/31/2012	Date/Time Prep 5/22/2013 11:4	
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11 no 20) 126.00 127.00 127.00 128.00 129.00	25 22	line 19)				21100
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34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS Adjusted general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost (line 9 x line 38) Medically necessary private room cost applicable to the Program (line 14 x line 35) 0.00 34.00 0.00 35.00 16,338,758 37.00 839.74 6,254,384 39.00 40.00		Average private room per diem charge (line 29 ÷ line 3)			1,928.40	32.00
35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS Adjusted general inpatient routine service cost per diem (see instructions) Program general inpatient routine service cost (line 9 x line 38) Medically necessary private room cost applicable to the Program (line 14 x line 35) Average per diem private room cost differential (line 27 line 27 line 27 line 28 line 28 line 38 line 31) O.00 35.00 16,338,758 line 37.00 16,338,758 line		Average semi-private room per diem charge (line 30 ÷ line 4)	2004			
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PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 99.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00	37.00	General inpatient routine service cost net of swing-hed cost and nr	ivate room cost diff	erential (line 27		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 39.00 Program general inpatient routine service cost (line 9 x line 38) Medically necessary private room cost applicable to the Program (line 14 x line 35) 7 Total Program cost of the program (line 14 x line 35) 8 39.74 8 39.00 9 40.00		minus line 36)	c room cost alli	c. c. c. (Tille 2/	10,330,730	37.00
38.00 Adjusted general inpatient routine service cost per diem (see instructions) 93.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 75.00 Adjusted general inpatient routine service cost per diem (see instructions) 6,254,384 39.00 76.00 Adjusted general inpatient routine service cost per diem (see instructions) 77.00 Adjusted general inpatient routine service cost per diem (see instructions) 78.00 Adjusted general inpatient routine service cost per diem (see instructions) 78.00 Adjusted general inpatient routine service cost per diem (see instructions) 78.00 Adjusted general inpatient routine service cost (line 9 x line 38) 78.00 Adjusted general inpatient routine service cost (line 9 x line 38) 79.00 Adjusted general inpatient routine service cost (line 9 x line 38) 79.00 Adjusted general inpatient routine service cost (line 9 x line 38) 79.00 Adjusted general inpatient routine service cost (line 9 x line 38) 79.00 Adjusted general inpatient routine service cost (line 9 x line 38) 79.00 Adjusted general inpatient routine service cost (line 9 x line 38) 79.00 Adjusted general inpatient routine service cost (line 9 x line 38) 79.00 Adjusted general inpatient routine service cost (line 9 x line 38)		PART II - HOSPITAL AND SUBPROVIDERS ONLY	1125			
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40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)	38.00	Adjusted general inpatient routine service cost per diem (see instr	uctions)		839.74	38.00
	39.00 40.00	Medically passessary private many service cost (line 9 x line 38)			· ·	
6,254,384 41.00	41.00	Total Program general innations routing commiss and (1)	ne 14 x line 35)		-	
		1 3-50 Acres at tubactoric touchie service cost (1106 33 ± 110	e 40)	İ	6,254,384	41.00

1,820

839.74

1,528,327 89.00

87.00

88.00

88.00

Total observation bed days (see instructions)

89.00 Observation bed cost (line 87 x line 88) (see instructions)

Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)

Health Financial Systems	IU HEALTH GOSE	HEN HOSPITAL		In Li	eu of Form CMS-	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider		Period: From 01/01/2012	Worksheet D-1	
				то 12/31/2012	Date/Time Prep 5/22/2013 11:4	
		Titl	e XVIII	Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST		11.15	S I E a comment		
90.00 Capital-related cost	1,063,503	16,338,758	0.06509	1,528,327	99,480	90.00
91.00 Nursing School cost	0	16,338,758	0.00000	0 1,528,327	0	91.00
92.00 Allied health cost	0	16,338,758	0.00000	0 1,528,327	0	92.00
93.00 All other Medical Education	0	16,338,758	0.00000	0 1,528,327	0	93.00

Provider CCN: 150026

In Lieu of Form CMS-2552-10

| Period: | Worksheet D-1 |
| From 01/01/2012 | Date/Time Prepared: | 5/29/2023 | 23.472 Date/Time Prepared: 5/22/2013 11:41 am Cost

		Title VIV	Hospital	5/22/2013 11:4 Cost	1 am
-	Cost Center Description	Title XIX	HOSPICAL	Cost	
				1.00	
	PART I - ALL PROVIDER COMPONENTS				
1 00	INPATIENT DAYS	welluding nowhorm)		19,457	1.00
1.00 2.00	Inpatient days (including private room days and swing-bed days, e Inpatient days (including private room days, excluding swing-bed			19,457	2.00
3.00	Private room days (excluding swing-bed and observation bed days).		room days. do	8,023	3.00
3.00	not complete this line.	1. you have only private		.,	
4.00	Semi-private room days (excluding swing-bed and observation bed of	lays)		9,614	4.00
5.00	Total swing-bed SNF type inpatient days (including private room of	lays) through December 31	of the cost	0	5.00
	reporting period			0	c 00
6.00	Total swing-bed SNF type inpatient days (including private room of	lays) after December 31 01	. the cost	U	6.00
7.00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room days)	ys) through December 31 (of the cost	0	7.00
7.00	reporting period	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8.00	Total swing-bed NF type inpatient days (including private room days	ys) after December 31 of	the cost	0	8.00
	reporting period (if calendar year, enter 0 on this line)			1 226	
9.00	Total inpatient days including private room days applicable to the	ne Program (excluding swit	ig-bea and	1,226	9.00
10.00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII only	(including private room (days) through	0	10.00
10.00	December 31 of the cost reporting period (see instructions)	(meraumy privace room t	lays) cili ough		
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only	(including private room of	days) after	0	11.00
	pecember 31 of the cost reporting period (if calendar year, enter	·O on this line)		•	12.00
12.00	Swing-bed NF type inpatient days applicable to titles \boldsymbol{v} or XIX or	aly (including private ro	om days)	0	12.00
12 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX or	alv (including private ro	om days) after	0	13.00
13.00	December 31 of the cost reporting period (if calendar year, enter	on this line	m days) areer		13.00
14.00	Medically necessary private room days applicable to the Program	(excluding swing-bed days))	0	
15.00	Total nursery days (title V or XIX only)			2,181	
16.00	Nursery days (title V or XIX only)			392	16.00
	SWING BED ADJUSTMENT	1 1 21 - +	a cost	0.00	17.00
17.00	Medicare rate for swing-bed SNF services applicable to services to reporting period	through December 31 of the	2 (05)	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services a	after December 31 of the	cost reporting	0.00	18.00
20.00	period				
19.00	Medicaid rate for swing-bed NF services applicable to services the	rough December 31 of the	cost reporting	0.00	19.00
20.00	period Medicaid rate for swing-bed NF services applicable to services a	fter December 31 of the co	ost reporting	0.00	20.00
20.00	period	ter becember 51 or the c	, se , eps, eg		
21.00	Total general inpatient routine service cost (see instructions)			16,338,758	
22.00	Swing-bed cost applicable to SNF type services through December	31 of the cost reporting	period (line 5	0	22.00
22.00	x line 17) Swing-bed cost applicable to SNF type services after December 31	of the cost reporting ne	riod (line 6 x	0	23.00
23.00	line 18)	of the cost reporting pe	Tod (Time o x	v	23.00
24.00	Swing-bed cost applicable to NF type services through December 3	l of the cost reporting p	eriod (line 7 x	0	24.00
	line 19)			0	25.00
25.00	Swing-bed cost applicable to NF type services after December 31	of the cost reporting per	iod (line 8 x	U	25.00
26.00	line 20) Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (li	ne 21 minus line 26)		16,338,758	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	Administration of the Control of the			
28.00	General inpatient routine service charges (excluding swing-bed c	harges)		36,199,485	
29.00	Private room charges (excluding swing-bed charges)			14,729,296 21,470,189	
30.00	Semi-private room charges (excluding swing-bed charges)	ina 20)		0.451353	1
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ 1 Average private room per diem charge (line 29 ÷ line 3)	THE 28)		1,835.88	
32.00 33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,233.22	
34.00	Average per diem private room charge differential (line 32 minus	line 33)(see instruction	s)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line			0.00	
36.00	Private room cost differential adjustment (line 3 x line 35)			16 229 759	
37.00	General inpatient routine service cost net of swing-bed cost and	private room cost differ	ential (line 27	16,338,758	37.00
	minus line 36)	145.00 library (1.7)			
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	USTMENTS			1
38.00	Adjusted general inpatient routine service cost per diem (see in			839.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38			1,029,521	
40.00	Medically necessary private room cost applicable to the Program	(line 14 x line 35)		1 020 521	
41.00	Total Program general inpatient routine service cost (line 39 +			1,029,521	41.00

Provider CCN: 150026

Period: Worksheet D-1 From 01/01/2012 To 12/31/2012 Date/Time Prepared:

				T	o 12/31/2012	Date/Time Pre 5/22/2013 11:	
			Tit	le XIX	Hospital	Cost	·
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	100
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷		(col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4,00	4) 5.00	
42.00	NURSERY (title V & XIX only)	558,014				100,293	42.00
	Intensive Care Type Inpatient Hospital Unit	5					1
43.00	INTENSIVE CARE UNIT	3,546,689	1 .			0	
44.00 45.00	CORONARY CARE UNIT	0		0.00		0	1
46.00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	0	0	0.00		0	
47.00				0.00		V	47.00
W/1/142	Cost Center Description	1			1		
			12.25			1.00	
48.00	Program inpatient ancillary service cost (Wkst					2,431,734	1
49.00	Total Program inpatient costs (sum of lines 4: PASS THROUGH COST ADJUSTMENTS	L through 48)(s	ee instructions	5)	10 OF 10	3,561,548	49.00
50.00	Pass through costs applicable to Program inpar	rient routine s	ervices (from V	vkst. D. sum of	Parts T and	0	50.00
	III)				,	•	
51.00	Pass through costs applicable to Program inpar	tient ancillary	services (from	m Wkst. D, sum o	of Parts II and	0	51.00
52.00	IV)) J [1]					52.00
53.00	Total Program excludable cost (sum of lines 50 Total Program inpatient operating cost exclud-		ated non-physi	ician anesthetis	st and medical	0	1
	education costs (line 49 minus line 52)	ing cupical ici	acca, non phys	retail allesencer.	se, and mearear	·	33.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00						0	
55.00 56.00	Target amount per discharge Target amount (line 54 x line 55)					0.00	1
57.00	Difference between adjusted inpatient operation	no cost and tan	det amount (lir	ne 56 minus lina	s 53)	0	
58.00	Bonus payment (see instructions)	ig cose and car	get amount (111	10 30 111111113 77110	. 33)	ő	1
59.00	Lesser of lines 53/54 or 55 from the cost repo	orting period e	nding 1996, upo	dated and compoi	unded by the	0.00	1
CO 00	market basket						
60.00 61.00	Lesser of lines 53/54 or 55 from prior year co If line 53/54 is less than the lower of lines	ost report, upd	ated by the mar	rket basket	amount by	0.00	60.00
01.00	which operating costs (line 53) are less than						01.00
	(line 56), otherwise enter zero (see instruct	ions)	(z ca. get amount		
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive paymer PROGRAM INPATIENT ROUTINE SWING BED COST	nt (see instruc	tions)			0	63.00
64.00	Medicare swing-bed SNF inpatient routine costs	through Decem	her 31 of the o	cost reporting r	neriod (See	0	64.00
	instructions)(title XVIII only)	s chi ough becch	ber of the t	cose reporting p	ber rod (see	J	04.00
65.00	Medicare swing-bed SNF inpatient routine costs	after Decembe	r 31 of the cos	st reporting per	riod (See	0	65.00
66 00	instructions)(title XVIII only)					_	
66.00	Total Medicare swing-bed SNF inpatient routing (see instructions)	e costs (line 6	4 plus line 65)	(title XVIII or	ily). For CAH	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine	costs through I	December 31 of	the cost report	ina period	0	67.00
	(line 12 x line 19)						0, 100
68.00	Title V or XIX swing-bed NF inpatient routine	costs after De	cember 31 of th	ne cost reportin	ng period (line	0	68.00
69.00	13 x line 20) Total title V or XIX swing-bed NF inpatient ro	outing costs (1:	ino 67 . lino 6			0	60.00
03.00	PART III - SKILLED NURSING FACILITY, OTHER	NURSTNG FACTIT	TY AND TOF/MR	ONLY		0	69.00
70.00	Skilled nursing facility/other nursing facility	y/ICF/MR routi	ne service cost	t (line 37)			70.00
	Adjusted general inpatient routine service cos	st per diem (li	ne 70 ÷ line 2))			71.00
72.00 73.00	Program routine service cost (line 9 x line 7			353			72.00
74.00	Medically necessary private room cost applicated Total Program general inpatient routine service			2 35)			73.00
75.00	Capital-related cost allocated to inpatient ro	outine service	costs (from Wor	ksheet B. Part	II. column 26.		75.00
	line 45)				, CO.GMII EU,		' ' ' ' '
76.00	Per diem capital-related costs (line 75 ÷ line						76.00
77.00	Program capital-related costs (line 9 x line 7						77.00
78.00 79.00	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess		ovidor rosonds)	•			78.00
80.00	Total Program routine service costs for compar				ine 79)		79.00 80.00
81.00	Inpatient routine service cost per diem limita		s imitation (c 70 minus	(3)		81.00
82.00	Inpatient routine service cost limitation (lir	ne 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (se)				83.00
84.00 85.00	Program inpatient ancillary services (see inst	ructions)	-)				84.00
86.00	Utilization review - physician compensation (s Total Program inpatient operating costs (sum o				İ		85.00 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PAS						50.00
87.00	Total observation bed days (see instructions)				200001 70000	1,820	87.00
88.00	Adjusted general inpatient routine cost per di		line 2)			839.74	ì
09.00	Observation bed cost (line 87 x line 88) (see	ınstructions)			. 1	1,528,327	89.00

Health Financial Systems	IU HEALTH GOSE	HEN HOSPITAL		In Li	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider	CCN: 150026	Period: From 01/01/2012 To 12/31/2012		
		Tit	le XIX	Hospital	Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Observation Bed Cost (from	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	0	0	0.00000	0 . 0	0	90.00
91.00 Nursing School cost	0	0	0.00000	0	0	91.00
92.00 Allied health cost	0	0	0.0000	0 0	. 0	92.00
93.00 All other Medical Education	0	O	0.0000	0	0	93.00

Health Financial Systems IU HEALTH GOSHEN HOSPITAL In Lieu of Form CMS-2552-10 INPATIENT ANCILLARY SERVICE COST APPORTIONMENT Provider CCN: 150026 Period: Worksheet D-3 From 01/01/2012 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am Title XVIII Hospital PPS Ratio of Cost Cost Center Description Inpatient Inpatient To Charges Program Program Costs Charges (col. 1 x col. 2.00 1.00 3.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 12,671,079 30.00 03100 INTENSIVE CARE UNIT 31.00 3,580,063 31.00 32.00 03200 CORONARY CARE UNIT 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 33.00 03400 SURGICAL INTENSIVE CARE UNIT 34.00 0 34.00 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 40.00 0 40.00 41.00 41.00 0 42.00 04200 SUBPROVIDER 42.00 43.00 04300 NURSERY 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.343534 4,514,098 1,550,746 50.00 51.00 05100 RECOVERY ROOM 0.280219 573,509 160,708 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.543969 4,383 2.384 52,00 53.00 05300 ANESTHESIOLOGY 0.000000 53.00 0 0 53.01 05301 PAIN MANAGEMENT 0.441147 n 53.01 54.00 05400 RADIOLOGY-DIAGNOSTIC 0.338630 4,898,751 1,658,864 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 0.738419 0 55.00 56.00 05600 RADIOISOTOPE 0.000000 56.00 05601 CARDIAC CATH LAB 56.01 0.232345 1,994,786 463.479 56.01 57.00 05700 CT SCAN 0.000000 57.00 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.000000 n 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 0 59.00 06000 LABORATORY 60.00 0.225892 5,064,746 1,144,086 60.00 60.01 06001 BLOOD LABORATORY 0.000000 0 60.01 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 0.000000 0 61.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 0 62.00 0 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 63.00 0 O 64.00 06400 INTRAVENOUS THERAPY 0.000000 n 64.00 65.00 06500 RESPIRATORY THERAPY 0.342461 2,212,258 757,612 65.00 06600 PHYSICAL THERAPY 66.00 0.583897 675,886 394,648 66.00 06700 OCCUPATIONAL THERAPY 67.00 0.349879 518,100 181,272 67.00 68.00 06800 SPEECH PATHOLOGY 0.480093 112,583 54,050 68.00 69.00 06900 ELECTROCARDIOLOGY 0.078845 781,662 61,630 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 0 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 8,899,250 0.413446 3,679,359 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.571546 6,603,484 3,774,195 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.220681 11,805,702 2,605,294 73.00 74.00 07400 RENAL DIALYSIS 0.000000 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 75.00 0 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 88.00 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 89.00 90.00 09000 CLINIC 0.355059 0 90.00 90.01 09001 WOMEN'S CENTER 0.000000 0 90.01 90.02 09002 WOUND CLINIC 0.428364 0 90.02 90.03 09003 MOBILE CLINIC 1.646874 0 90.03 91.00 09100 EMERGENCY 0.373152 1,431,190 534.051 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 0.249820 O 0 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0.000000 0 0 94.00

95.00

96.00

98.00

200.00

201.00

202.00

09500 AMBULANCE SERVICES

09600 DURABLE MEDICAL EQUIP-RENTED

05950 OTHER REIMBURSABLE COST CENTERS

Total (sum of lines 50-94 and 96-98)

Net Charges (line 200 minus line 201)

Less PBP Clinic Laboratory Services-Program only charges (line 61)

09700 DURABLE MEDICAL EQUIP-SOLD

95.00

0 98 00

201.00

202.00

0 96.00

0 97.00

17,022,378 200.00

0.000000

0.000000

0.000000

0

50,090,388

50,090,388

Provider CCN: 150026

Period: Worksheet D-3
From 01/01/2012
To 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am

COST. CENTER! DESCRIPTION				12/31/2012	5/22/2013 11:4	11 am
MPATTENT RINGTINE SERVICE COST CENTERS 1,000 2,00 7,00 3,00 3,000						
Charges Col. Ax col. 20 3.0		Cost Center Description				
NATION PROPERTY	100000000000000000000000000000000000000		To Charges	**************************************		
NEWATENT ROUTINE SERVICE COST CENTERS				Charges		
MARTIENT ROUTINE SERVICE COST CENTERS 1,747,850 30.00 30.00 30.00 00.0000 00.0000 00.0000 00.0000 00.0000 00.0000 00.00000 00.0000 00.0000 00.0000 00.0000 00.0000 00.0000 00.0000 00.0000 00.0000 00.0000 00.0000 00.0000 00.00000 00.00000 00.00000 00.00000 00.00000 00.00000 00.00000 00.00000 00.000000 00.000000 00.000000 00.0000000 00.0000000 00.0000000 00.00000000			1.00	2.00		2.55
30.00 30.00 AULTS & PEDIATRICS 1,747,850 30.00 31.		TNPATTENT ROUTINE SERVICE COST CENTERS	1 2.00 1		2.00	
31.00 31.00	30.00			1,747,850		30.00
32.00 33000 CRONARY CARE UNIT				126,286		31.00
34.00 0.000 0.0000 0.00000 0.00000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000	32.00			0		32.00
40.00 0.0000 SURPROVIDER - TEF	33.00	03300 BURN INTENSIVE CARE UNIT		0		
1.00 04.00 05.00	34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		
	40.00	04000 SUBPROVIDER - IPF		0		
				0		1
MCTLLARY SERVICE COST CENTERS				117 145		1
50.00	43.00		BSSM SESSED BUILDING	117,145		43.00
	EO 00		0.343534	903 166	310 268	50.00
				·		1
			n l			
1.00 1.00				02.,000		1
54.00 03400 RADITLOGY-TLEANASTIC 0.338420 1.607,671 544,068 54.00 55.00 05500 RADITLOGY-TLEARAEURICS 0.378419 86 64 55.00 55.00 05500 RADITLOGY-TLEARAEURICS 0.232345 0.3,367 24.017 56.01 57.00 05500 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000			1	ō	i .	
55.00 05500 ADDICLOGY-THERAPPUTIC 0.738419 66 64 55.00 65.00 056000 05600 056000 056000 056000 056			,	1,607,671	544,068	54.00
56.00 05600 ADDICISOTOPE 0.000000 0 0 56.00 55.00 05700 CT SCAN 0.000000 0 0 0 57.00 0.000000 0 0 0 57.00 0.000000 0 0 0 58.00 0.000000 0 0 0 58.00 0.000000 0 0 0 58.00 0.000000 0 0 0 58.00 0.000000 0 0 0 58.00 0.000000 0 0 0 58.00 0.000000 0 0 0 0.000000 0						
				0	0	56.00
57.00			0.232345	103,367	24,017	56.01
10 10 10 10 10 10 10 10			0.000000	0		ł.
161,995 60.00 60	58.00		0.000000	0	0	
60.01 60.00 60.00 60.00 60.00 61.00 60.00 61.00 60.00 61.00 60.00 61.00 62.0	59.00	05900 CARDIAC CATHETERIZATION	0.000000	0		1
0.00 0.00	60.00	06000 LABORATORY		717,133		
62.00 06200 MHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 0 0 62.00 63.00 06300 06300 06000 5000 5000000 0 0 63.00 64.00 06400 06400 1NTRAVENOUS THERAPY 0.000000 0 0 63.00 65.00 06500 06500 RESPIRATORY THERAPY 0.342461 156,645 53,645 66.00 06600 PHYSICAL THERAPY 0.349879 47,736 16,702 67.00 68.00 06600 06700 0CCUPATIONAL THERAPY 0.349879 47,736 16,702 67.00 68.00 06800 SPECH PATHOLOGY 0.078845 64,793 5,109 69.00 69.00 06900 ELECTROCARDIOLOGY 0.078845 64,793 5,109 69.00 69.00 06900 ELECTROCARDIOLOGY 0.078845 64,793 5,109 69.00 69.00 06900 ELECTROCARDIOLOGY 0.000000 0 0 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.413446 654,862 270,750 71.00 73.00 07200 IMPL DEV. CHARGED TO PATIENTS 0.413446 654,862 270,750 71.00 74.00 07400 07400 READ LAILYSIS 0.000000 0 0 72.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 74.00 76.00 07400				0		1
0.00000			1	0	1	l .
64.00 06400 INTRAVENOUS THERAPY 0.000000 0 0 64.00			1	0	1	i .
1.00 0.00				0	·	
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67.00						
68.00 06800 SPEECH PATHOLOGY					1	
69.00 06900 ELECTROCARDIOLOGY 0.078845 64,793 5,109 69.00 70.00				0		
70.00 0700 ELECTROENCEPHALOGRAPHY 0.000000 0 0 70.00 71.00 7			,	64,793	5,109	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.413446 654,862 270,750 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.571546 0 0 72.00 07200 DURABLE MEDICAL EQUIP-RENTED 0.220681 892,997 197,067 73.00 73.00 07400 RENAL DIALYSIS 0.000000 0 0 0 74.00 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 0 0 0 0			0.000000	0	0	70.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.571546 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.220681 892,997 197,067 73.00 74.00 07400 RENAL DIALYSIS 0.000000 0 0 75.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 89.00 90.01 09001 U.TNIC 0.352205 0 0 90.01 90.02 09002 WOMEN'S CENTER 0.000000 0 0 90.01 90.03 09003 MOBILE CLINIC 0.426922 0 0 90.02 90.03 09003 MOBILE CLINIC 0.426922 0 0 90.02 90.03 09003 MOBILE CLINIC 0.373152 949,035 354,134 91.00 09100 EMERGENCY 0.373152 949,035 354,134 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.249820 0 0 92.00 07HER REIMBURSABLE COST CENTERS 0.000000 0 0 94.00 95.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 95.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 97.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 97.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 7,031,277 2,431,734 200.00 200.00 C.TNIC 2,431,734 200.00 200.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC 2,431,734 200.00 201.00 C.TNIC			0.413446	654,862	270,750	71.00
74.00 07400 RENAL DIALYSIS 0.000000 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 75.00 000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0.571546	0	-	I
75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 0 0 0 0	73.00	07300 DRUGS CHARGED TO PATIENTS	0.220681	892,997		
88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 0 0 0 0 0	74.00	07400 RENAL DIALYSIS				,
88.00 08800 RURAL HEALTH CLINIC 0.000000 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 89.00 09.00	75.00		0.000000	0	0	75.00
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90.02 09002 WOUND CLINIC 0.426922 0 0 90.02 90.03 09003 MOBILE CLINIC 1.646874 0 0 90.03 91.00 09100 EMERGENCY 0.373152 949,035 354,134 91.00 092.00 OBSERVATION BEDS (NON-DISTINCT PART) 0.249820 0 0 94.00 O9700 HOME PROGRAM DIALYSIS 0.000000 0 0 0 95.00 09500 AMBULANCE SERVICES 0.000000 0 0 96.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 0 97.00 98.00 09500 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 97.00 98.00 09500 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 97.00 98.00 09500 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.01 O09500 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.02 O09500 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.03 O09500 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.02 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.02 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.03 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.02 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.03 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.03 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 0 98.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 0 98.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 0 98.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 0 98.00 90.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 0 98.00 0 98.00 98.00 98.00 98.00 98.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00			1	0	1	
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91.00 09100 EMERGENCY 0.373152 949,035 354,134 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.249820 0 0 0 92.00 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 94.00 09500 AMBULANCE SERVICES 95.00 09500 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 96.00 097.00 00700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 0 97.00 09500 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 97.00 007				Ö	1	
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94.00 94.00 94.00 94.00 94.00 94.00 95.00 95.00 95.00 95.00 95.00 96.00 96.00 97.00 97.00 97.00 97.00 07.0						
94.00 09400 HOME PROGRAM DIALYSIS 0.000000 0 94.00 95.00 95.00 95.00 96.00 97.00 97.00 97.00 09700 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 200.00 Total (sum of lines 50-94 and 96-98) 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0.000000 0 201.00 201.00 201.00 0.000000 0 0 0 0 0 0	32.00					
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96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 96.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 98.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0.000000 0 0 97.00 0.000000 0 0 98.00 0.000000 0 0 0 0.000000 0						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 97.00 98.00 05950 OTHER REIMBURSABLE COST CENTERS 0.000000 0 98.00 200.00 Total (sum of lines 50-94 and 96-98) 7,031,277 2,431,734 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00				C	1	
200.00 Total (sum of lines 50-94 and 96-98) 7,031,277 2,431,734 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00				C	1	
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0			0.000000	0	`I	
201.00 Less PBP CTITIC Laboratory Services-Program only charges (Title 01)				7,031,277	2,431,/34	
202.00 Net Charges (line 200 minus line 201) /,U31,Z// /202.00			61)	7 021 777	,	
	202.00	0 Net Charges (line 200 minus line 201)	1	/,031,2//	1	1202.00

ALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15	F	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prep	nared:
				5/22/2013 11:4	
	Title XVIII	I	<u>Hospital</u>	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS00 DRG Amounts Other than Outlier Payments				15 072 545	1.00
0.00 Outlier payments for discharges. (see instructions)				15,073,545 1,085,148	1.00
.01 Outlier reconciliation amount				0	2.0
.00 Managed Care Simulated Payments .00 Bed days available divided by number of days in the cost			`	0	3.00
.00 Bed days available divided by number of days in the cost Indirect Medical Education Adjustment	reporting period (see in	structio	ns)	118.03	4.0
.00 FTE count for allopathic and osteopathic programs for th	e most recent cost report	ing peri	od ending on or	0.00	5.0
before 12/31/1996.(see instructions)			-	0.00	
FTE count for allopathic and osteopathic programs which	TE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6.0
.00 MMA Section 422 reduction amount to the IME cap as speci	MA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7.0
.01 ACA Section 5503 reduction amount to the IME cap as spec	ified under 42 CFR §412.10	05(f)(1)	(iv)(B)(2) If	0.00	7.0
the cost report straddles July 1, 2011 then see instruct Adjustment (increase or decrease) to the FTE count for a	ions. Nanathic and establish		- f	0.00	0.00
affiliated programs in accordance with 42 CFR 413.75(b),	413.79(c)(2)(iv) and Vol.	. 64 Fed	s for eral Register.	0.00	8.00
May 12, 1998, page 26340 and Vol. 67 Federal Register, p.	age 50069, August 1, 2002,				
.01 The amount of increase if the hospital was awarded FTE cost report straddles July 1, 2011, see instructions.	ap slots under section 550	03 of th	e ACA. If the	0.00	8.0
.02 The amount of increase if the hospital was awarded FTE co	an slots from a closed tea	achino h	osnital under	0.00	8.02
section 5506 of ACA. (see instructions)				0.00	0.0
.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus	s lines (8, 8,01 and 8,02)) (see	instructions)	0.00	9.00
0.00 FTE count for allopathic and osteopathic programs in the 1.00 FTE count for residents in dental and podiatric programs	current year from your re	ecords		0.00	
2.00 Current year allowable FTE (see instructions)	•			0.00	
3.00 Total allowable FTE count for the prior year.				0.00	
4.00 Total allowable FTE count for the penultimate year if the otherwise enter zero.	at year ended on or after	Septemb	er 30, 1997,	0.00	14.00
5.00 Sum of lines 12 through 14 divided by 3.				0.00	15.00
6.00 Adjustment for residents in initial years of the program				0.00	
7.00 Adjusment for residents displaced by program or hospital	closure			0.00	
8.00 Adjusted rolling average FTE count9.00 Current year resident to bed ratio (line 18 divided by leading)	: n			0.00	
0.00 Prior year resident to bed ratio (see instructions)	Prior year resident to bed ratio (ine 18 divided by line 4).				19.00
1.00 Enter the lesser of lines 19 or 20 (see instructions)				0.000000	21.00
2.00 IME payment adjustment (see instructions)				0	22.00
Indirect Medical Education Adjustment for the Add-on 1 3.00 Number of additional allopathic and osteopathic IME FTE	for Section 422 of the Mi	MA 42 Coc	412 105	0.00	22.00
(f)(1)(iv)(c).	esident cap sides under 4	42 SEC. 4	+12.103	0.00	23.00
4.00 IME FTE Resident Count Over Cap (see instructions)				0.00	24.00
5.00 If the amount on line 24 is greater than -0-, then enter instructions)	the lower of line 23 or 1	line 24	(see	0.00	25.00
6.00 Resident to bed ratio (divide line 25 by line 4)			İ	0.000000	26.00
7.00 IME payments adjustment. (see instructions)				0.000000	27.00
8.00 IME Adjustment (see instructions) 9.00 Total IME payment (sum of lines 22 and 28)				0	28.00
9.00 Total IME payment (sum of lines 22 and 28) Disproportionate Share Adjustment	325			0	29.00
0.00 Percentage of SSI recipient patient days to Medicare Part	t A patient days (see inst	tructions	5)	2.46	30.00
1.00 Percentage of Medicaid patient days to total days reporte				18.94	31.00
instructions) 2.00 Sum of lines 30 and 31					
3.00 Allowable disproportionate share percentage (see instruct	tions)			21.40 6.87	32.00
4.00 Disproportionate share adjustment (see instructions)				1,035,553	34.00
Additional payment for high percentage of ESRD benefic	iary discharges				
7.00 Total Medicare discharges on Worksheet S-3, Part I exclude and 685 (see instructions)	ling discharges for MS-DRG	ss 652, 6	382, 683, 684	0	40.00
1.00 Total ESRD Medicare discharges excluding MS-DRGs 652, 68	32. 683. 684 an 685. (see	instruct	rions)	o	41.00
2.00 Divide line 41 by line 40 (if less than 10%, you do not $lpha$	ualify for adiustment)				42.00
3.00 Total Medicare ESRD inpatient days excluding MS-DRGs 652	2, 682, 683, 684 an 685. ((see inst	ructions)	0	43.00
4.00 Ratio of average length of stay to one week (line 43 dividence) Average weekly cost for dialysis treatments (see instruct	ided by line 41 divided by	/ 7 days)		0.000000	44.00
5.00 Total additional payment (line 45 times line 44 times line	ne 41)			0.00	45.00
7.00 Subtotal (see instructions)				17,194,246	47.00
3.00 Hospital specific payments (to be completed by SCH and MD	OH, small rural hospitals	only.(se	e e	0	48.00
instructions) Oldo Total payment for inpatient operating costs SCH and MDH of				17 104 246	40.00
	only (see instructions)			17,194,246	49.00
0.00 Payment for inpatient program capital (from Worksheet L.	Parts I. II. as applicabl	le)			50.00
O.00 Payment for inpatient program capital (from worksheet L, L.00 Exception payment for inpatient program capital (workshee	Parts I, II, as applicabl et L. Part III, see instru	ictions)		1,334,498	
Payment for inpatient program capital (from worksheet L, Exception payment for inpatient program capital (worksheet Direct graduate medical education payment (from worksheet	Parts I, II, as applicabl et L. Part III, see instru	ictions)		1,334,498	51.00
Payment for inpatient program capital (from worksheet L, Exception payment for inpatient program capital (worksheet Direct graduate medical education payment (from worksheet Nursing and Allied Health Managed Care payment	Parts I, II, as applicabl et L. Part III, see instru	ictions)		1,334,498 0 0 0	51.00 52.00 53.00
Payment for inpatient program capital (from worksheet L, Exception payment for inpatient program capital (worksheet Direct graduate medical education payment (from worksheet Nursing and Allied Health Managed Care payment Special add-on payments for new technologies	Parts I, II, as applicabl et L, Part III, see instru EE-4, line 49 see instruc	ictions)		1,334,498 0 0 0 0 4,777	50.00 51.00 52.00 53.00 54.00
Payment for inpatient program capital (from worksheet L, Exception payment for inpatient program capital (worksheet Direct graduate medical education payment (from worksheet Nursing and Allied Health Managed Care payment Special add-on payments for new technologies	Parts I, II, as applicablet L, Part III, see instruct E-4, line 49 see instruct 1, line 69) 3, line 20)	uctions) ctions).		1,334,498 0 0 0	51.00 52.00 53.00

Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2

72.00

73.00

74.00

75.00

-300,375

1,679,193

72.00

73.00

74.00

75.00

Interim payments

Tentative settlement (for contractor use only)

Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)

CALCULATION OF REIMBURSEMENT SETTLEMENT

	Intle XVIII Hospital	PPS	
	DADT D. MEDICAL AND OTHER PLACE PROVINCE	1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)	8,780	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	20,486,983	1
3.00	PPS payments	14,902,898	
4.00	Outlier payment (see instructions)	159,062	1
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.830	5.00
6.00	Line 2 times line 5	17,004,196	1
7.00 8.00	Sum of line 3 plus line 4 divided by line 6	88.58	1
9.00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	
10.00	Organ acquisitions	30,422	9.00
11.00	J	8,780	ł.
	COMPUTATION OF LESSER OF COST OR CHARGES	0,700	11.00
	Reasonable charges		
12.00		39,787	12.00
13.00	5 1 1 1 1 1 1 1 1 1	0	
14.00		39,787	14.00
15.00	Customary charges Aggregate amount actually collected from patients liable for payment for services on a charge basis		15 00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had	0	
	such payment been made in accordance with 42 CFR 413.13(e)	U	10.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	39,787	1
19.00	The second of th	31,007	19.00
20.00	instructions)		
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00		8,780	21.00
	Interns and residents (see instructions)	0,760	l
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	ő	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	15,092,382	
25 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00		0	25.00
26.00 27.00		3,234,204	
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	11,866,958	27.00
28.00		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	ő	1
30.00	Subtotal (sum of lines 27 through 29)	11,866,958	
31.00		2,043	31.00
32.00		11,864,915	32.00
33.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) Composite rate ESRD (from worksheet I-5, line 11)		22.00
34.00		175 603	
35.00	Adjusted reimbursable bad debts (see instructions)	175,692 122,984	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	98,865	
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	11,987,899	
38.00	MSP-LCC reconciliation amount from PS&R	0	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98 39.99		0	39.98
	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (line 37 plus or minus lines 39 minus 38)	11 007 000	
	Interim payments	11,987,899	
42.00	Tentative settlement (for contractors use only)	12,132,496	41.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	-144,597	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR	,	
90.00		0	90.00
93.00 9T.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)	0.00	
	Total (sum of lines 91 and 93)	0	93.00
300	(Suit 6) 11165 31 ditt 33)	Ouernides	94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES	1.00	
112.00	Override of Ancillary service charges (line 12)	0	112.00
	'	۰۱	•

Period: From 01/01/2012 Worksheet E-1 Part I Date/Time Prepared:

12/31/2012

5/22/2013 11:41 am Title XVIII Hospital PPS Part B Inpatient Part A mm/dd/yyyy Amount mm/dd/yyyy Amount 1.00 2.00 4.00 16,907,157 12,079,096 1.00 Total interim payments paid to provider 1.00 2.00 Interim payments payable on individual bills, either 2.00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 3.00 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 36,400 08/28/2012 53.400 08/28/2012 3.01 ADJUSTMENTS TO PROVIDER 3.02 0 3.02 0 0 3.03 3.03 0 0 3.04 3.04 0 3.05 0 3.05 Provider to Program 3.50 0 3.50 ADJUSTMENTS TO PROGRAM 0 0 3.51 0 3.51 0 0 3.52 3.52 0 0 3.53 3.53 0 3.54 3.54 36,400 53,400 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.99 3.50 - 3.9812,132,496 16,943,557 4.00 4.00 Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after desk 5.00 5.00 review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 5.01 0 5.01 TENTATIVE TO PROVIDER 0 0 5.02 5.02 0 5.03 0 5.03 Provider to Program 0 5.50 5.50 0 TENTATIVE TO PROGRAM 0 5.51 5.51 0 0 0 5.52 5.52 0 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.99 5.50-5.98) 6.00 Determined net settlement amount (balance due) based on the 6.00 cost report. (1) 6.01 6.01 SETTLEMENT TO PROVIDER 300,375 144,597 6.02 6.02 SETTLEMENT TO PROGRAM 11,987,899 16,643,182 7.00 7.00 Total Medicare program liability (see instructions) Contractor Date (Mo/Day/Yr) 2.00 Number 1.00 8.00 8.00 Name of Contractor

	The state of the s	LTH GOSHEN HOSPITAL		eu of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150026	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prep 5/22/2013 11:4	
		Title XVIII	Hospital	PPS	
		A By Mary William Co.		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST				
1.00 2.00 3.00 4.00 5.00 7.00	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND COLLECTION AND COLLECTION AND COLLECTION AND COLLECTION discharges as defined in ARRA §4102 from Medicare days from Wkst S-3, Part I, column 6. ling Total inpatient days from S-3, Part I column 8 sum of Total hospital charges from Wkst C, Part I, column 8 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charity care charges from Wkst S-10, column 9 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital charges from Wkst C, Part I, column 8 Total hospital hospital charges from Wkst C, Part I, column 8 Total hospi	om wkst S-3, Part I column 15 line lines 1, 8-12 ne 2 lines 1, 8-12 line 200 olumn 3 line 20 ase of certified HIT technology Wo	1	7,475 8,326 1,984 19,842 454,298,199 9,878,581 0	2.00 3.00 4.00 5.00 6.00 7.00
30.00	Initial/interim HIT payment adjustment (see instruction	ons)		2,092,967	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 3	1)		-358,682	32.00
				Overrides	
	CONTRACTOR OVERRIDES	The state of the s	1	1.00	
	Override of HIT payment	# 1		0	108.00

Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2,

section 115.2

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

In Lieu of Form CMS-2552-10
Period: Worksheet G
From 01/01/2012

Provider CCN: 150026

12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am General Fund Specific Endowment Fund Plant Fund Purpose Fund 1.00 2.00 3.00 4.00 **CURRENT ASSETS** 1.00 Cash on hand in banks 24,274,389 0 1.00 2.00 Temporary investments 12,303,404 0 0 0 2.00 3.00 Notes receivable 0 0 3.00 4.00 Accounts receivable 75,481,450 0 0 0 4.00 5.00 Other receivable 0 0 5.00 6.00 Allowances for uncollectible notes and accounts receivable -44,855,126 0 0 0 6.00 7.00 Inventory 6,005,926 0 7.00 8.00 Prepaid expenses 4,231,293 0 0 0 8.00 9.00 Other current assets 0 0 0 9.00 10.00 Due from other funds 0 n 10.00 11.00 Total current assets (sum of lines 1-10) 77,441,336 0 n 11.00 FIXED ASSETS 12.00 Land 3,883,887 0 0 0 12.00 13.00 Land improvements 2,988,795 0 0 0 13.00 14.00 Accumulated depreciation -1,290,763 0 0 0 14.00 0 15.00 Buildings 97,159,464 0 n 15.00 Accumulated depreciation 16.00 -29,385,176 0 16.00 17.00 Leasehold improvements 113,748 0 0 0 17.00 18.00 Accumulated depreciation -101,843 0 18.00 19.00 Fixed equipment 11,680,352 0 0 19.00 20.00 Accumulated depreciation -6,288,378 0 20.00 21.00 Automobiles and trucks 0 0 0 21.00 22.00 Accumulated depreciation 0 0 22.00 23.00 Major movable equipment 93,321,110 0 23.00 24.00 Accumulated depreciation -69,532,444 0 0 0 24.00 25.00 Minor equipment depreciable 25.00 0 26,00 Accumulated depreciation 0 0 26.00 27 00 HIT designated Assets 0 27.00 0 28.00 Accumulated depreciation 0 0 0 28.00 0 29.00 Minor equipment-nondepreciable 0 0 0 29.00 30.00 Total fixed assets (sum of lines 12-29) 102,548,752 0 0 30.00 OTHER ASSETS 31.00 Investments 0 0 31.00 32.00 Deposits on leases 0 0 0 0 32.00 33.00 Due from owners/officers 0 0 33.00 0 Other assets 34.00 0 73,269,612 0 0 34.00 35.00 Total other assets (sum of lines 31-34) 73,269,612 0 0 0 35.00 Total assets (sum of lines 11, 30, and 35) 36.00 253,259,700 0 0 36.00 CURRENT LIABILITIES 37.00 Accounts payable 8,637,580 0 ō 37.00 38.00 Salaries, wages, and fees payable 10,198,084 0 0 0 38.00 39.00 Payroll taxes payable 408,005 0 39.00 0 40.00 Notes and loans payable (short term) 0 0 40.00 ብ 41.00 Deferred income 0 0 0 41.00 42.00 Accelerated payments 42.00 43.00 Due to other funds 0 43.00 44.00 Other current liabilities 4,984,632 0 44.00 45.00 Total current liabilities (sum of lines 37 thru 44) 24,228,301 0 45.00 LONG TERM LIABILITIES 46.00 Mortgage payable 0 0 46.00 0 47.00 Notes payable 0 0 0 0 47.00 48.00 Unsecured loans 0 0 0 48.00 49.00 Other long term liabilities 43,931,115 0 0 0 49.00 50.00 Total long term liabilities (sum of lines 46 thru 49 43,931,115 0 50.00 Total liabilites (sum of lines 45 and 50) 51.00 68,159,416 0 51.00 APITAL ACCOUNTS 52.00 General fund balance 185,100,284 52,00 53.00 Specific purpose fund 0 53.00 54.00 Donor created - endowment fund balance - restricted 0 54.00 Donor created - endowment fund balance - unrestricted 55.00 0 55.00 56.00 Governing body created - endowment fund balance 56.00 57.00 Plant fund balance - invested in plant 0 57.00 Plant fund balance - reserve for plant improvement, 58.00 n 58.00 replacement, and expansion 59.00 Total fund balances (sum of lines 52 thru 58) 185,100,284 0 0 59.00

253.259.700

|Total liabilities and fund balances (sum of lines 51 and 59)

0 60.00

0

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150026 | Period: | Worksheet G-1 | From 01/01/2012 | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: | Period: |

				To 12/31/2012		Date/Time Prepared: 5/22/2013 11:41 am	
		General Fund		Special Purpose Fund		Endowment Fund	ra diii
		1.00	2.00	3.00	4.00	5.00	4 00
1.00	Fund balances at beginning of period		138,163,948)	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		46,866,098				2.00 3.00
3.00	Total (sum of line 1 and line 2)		185,030,046		,	Ί ο	4.00
4.00	Additions (credit adjustments) (specify)	0) n	0	5.00
5.00 6.00		0				Ö	6.00
7.00					n	ő	7.00
8.00					n e	ŏ	8.00
9.00					ŏ	ő	9.00
10.00	Total additions (sum of line 4-9)		0		(10.00
11.00	Subtotal (line 3 plus line 10)		185,030,046				11.00
12.00	CHANGE FROM PRIOR YEAR	-70,236	, ,		0	0	12.00
13.00		0			0	0	13.00
14.00		o		1	0	0	14.00
15.00		0			0	0	15.00
16.00		0		(0	0	16.00
17.00		0			0	0	17.00
18.00	Total deductions (sum of lines 12-17)		-70,236)	18.00
19.00	Fund balance at end of period per balance		185,100,282)	19.00
	sheet (line 11 minus line 18)	Endowment Fund	กไรตร	 Fund			
		Endowneric Fund	riant	Fulla			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0			0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0			0		3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00 7.00
7.00			U				8.00
8.00 9.00		Ì	0				9.00
10.00	Total additions (sum of line 4-9)		U		n		10.00
11.00	Subtotal (line 3 plus line 10)	o o			ŏ		11.00
12.00	Subtotal (Tille 3 plus Tille 10)	J 9	_		٦		12.00
	CHANGE FROM PRIOR YEAR	1	0	1			
13 00	CHANGE FROM PRIOR YEAR		0				13.00
13.00 14.00	CHANGE FROM PRIOR YEAR		0				
13.00 14.00 15.00	CHANGE FROM PRIOR YEAR		0 0 0				13.00 14.00 15.00
14.00	CHANGE FROM PRIOR YEAR		0 0 0 0				13.00 14.00 15.00 16.00
14.00 15.00	CHANGE FROM PRIOR YEAR		0 0 0 0 0				13.00 14.00 15.00 16.00 17.00
14.00 15.00 16.00	CHANGE FROM PRIOR YEAR Total deductions (sum of lines 12-17)	o	0 0 0 0 0		o		13.00 14.00 15.00 16.00 17.00 18.00
14.00 15.00 16.00 17.00		0	0 0 0 0 0		0		13.00 14.00 15.00 16.00 17.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150026

Period:

0

0

187,011,986

Parts I & II
Date/Time Prepared:
5/22/2013 11:41 am From 01/01/2012 12/31/2012 Cost Center Description Inpatient Outpatient Total 1.00 2.00 3.00 PART I - PATIENT REVENUES
General Inpatient Routine Services 1.00 Hospital 27,235,427 27,235,427 1.00 2.00 SUBPROVIDER - IPF 0 2.00 3.00 SUBPROVIDER - IRF 0 3.00 4.00 SUBPROVIDER 0 4.00 5.00 Swing bed - SNF 0 0 5.00 6.00 Swing bed - NF 0 n 6.00 7.00 SKILLED NURSING FACILITY 0 0 7.00 8.00 NURSING FACILITY 0 0 8.00 9.00 OTHER LONG TERM CARE 9.00 10.00 Total general inpatient care services (sum of lines 1-9) 27,235,427 27,235,427 10.00 Intensive Care Type Inpatient Hospital Services 11.00 INTENSIVE CARE UNIT 7,209,422 7,209,422 11.00 12.00 CORONARY CARE UNIT 0 0 12.00 13.00 BURN INTENSIVE CARE UNIT 0 0 13.00 SURGICAL INTENSIVE CARE UNIT 14.00 0 0 14.00 15.00 OTHER SPECIAL CARE (SPECIFY) 15.00 16.00 Total intensive care type inpatient hospital services (sum of lines 11-15) 7,209,422 7,209,422 16.00 17.00 Total inpatient routine care services (sum of lines 10 and 16) 34,444,849 34,444,849 17.00 18.00 266,012,283 Ancillary services 119,021,199 385,033,482 18.00 19.00 Outpatient services 4,240,083 24,488,924 28,729,007 19.00 20.00 RURAL HEALTH CLINIC 0 20.00 21,00 FEDERALLY QUALIFIED HEALTH CENTER 21.00 22,00 HOME HEALTH AGENCY 1,648,659 1,648,659 22.00 23.00 AMBULANCE SERVICES 0 23.00 24.00 CMHC 0 0 24.00 24.10 CORF 0 0 24.10 25.00 AMBULATORY SURGICAL CENTER (D.P.) 0 25.00 26.00 HOSPICE 3,661,117 3,661,117 26.00 27.00 NURSERY 10,697,320 10,839,569 21,536,889 27.00 28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. 168,403,451 306,650,552 475,054,003 28.00 line 1) PART II - OPERATING EXPENSES Operating expenses (per Wkst. A, column 3, line 200) 29.00 187,011,986 29.00 30.00 ADD (SPECIFY) 30.00 31.00 0 31.00 32.00 32.00 33.00 0 33.00 34.00 0 34.00 35.00 0 35.00 36.00 Total additions (sum of lines 30-35) 36.00

37.00

38.00

39.00

40.00

41.00

42.00

43.00

DEDUCT (SPECIFY)

to Wkst. G-3, line 4)

Total deductions (sum of lines 37-41)

Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer

37.00

38.00

39.00

40.00

41.00

42.00

43.00

Total other expenses (sum of line 27 and subscripts)

29.00 Net income (or loss) for the period (line 26 minus line 28)

46,866,098

29.00

28.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150026

HHA CCN:

Period:

To

157174

From 01/01/2012

12/31/2012

Date/Time Prepared: 5/22/2013 11:41 am Home Health PPS Agency I Salaries **Employee** Transportation Contracted/Pur Other Costs Total (sum of Benefits cols. 1 thru 5) (see chased instructions) Services 1.00 3.00 5.00 6.00 4.00 GENERAL SERVICE COST CENTERS 1.00 Capital Related - Bldg. & 1.00 Fixtures 2.00 Capital Related - Movable O 1,176 1,176 2.00 Equipment 3.00 Plant Operation & Maintenance 0 0 0 43,057 43,057 3.00 4.00 Transportation 4.00 5.00 Administrative and General 73,282 61,397 1,854 69,775 206,308 5.00 HHA REIMBURSABLE SERVICES 6.00 Skilled Nursing Care 919,617 0 0 0 6.00 919,617 7.00 Physical Therapy 222,241 0 0 0 0 222,241 7.00 8.00 Occupational Therapy 77,593 0 0 0 77,593 8.00 9.00 Speech Pathology 29,217 0 0 0 29,217 9.00 10.00 Medical Social Services 158,219 158,219 10.00 11.00 Home Health Aide 116,389 0 0 116,389 0 11.00 12.00 Supplies (see instructions) 0 0 10,732 10,732 12.00 13.00 Drugs 0 2,718 2.718 13.00 14.00 DME 0 0 0 14.00 HA NONREIMBURSABLE SERVICES 15.00 Home Dialysis Aide Services 0 0 0 15.00 16.00 Respiratory Therapy 16.00 17.00 Private Duty Nursing 0 0 0 0 0 17,00 18.00 Clinic 0 0 0 0 0 18.00 19.00 Health Promotion Activities 0 0 0 19.00 20.00 Day Care Program 0 0 0 0 20.00 21.00 Home Delivered Meals Program 0 n 0 21.00 22.00 Homemaker Service 0 0 0 0 22.00 23.00 All Others (specify) 23.00 Total (sum of lines 1-23) 24.00 1,596,558 61,397 1,854 127,458 1,787,267 24.00 Reclassificati Reclassified Net Expenses Adjustments Trial Balance for Allocation on (col. 6 + (col. 8 + col.co1.7) 9) 7.00 9.00 8.00 10.00 GENERAL SERVICE COST CENTERS 1.00 Capital Related - Bldg. & 1.00 Fixtures 2.00 Capital Related - Movable 0 1.176 0 1,176 2.00 Equipment 3.00 Plant Operation & Maintenance 0 43,057 43,057 3.00 4.00 Transportation 0 4.00 5.00 Administrative and General 206,308 0 206,308 5.00 HHA REIMBURSABLE SERVICES Skilled Nursing Care 6.00 0 919.617 919,617 0 6.00 7.00 Physical Therapy 0 222,241 0 222,241 7.00 8.00 Occupational Therapy 0 77,593 77,593 8.00 9.00 Speech Pathology 0 0 29,217 29,217 9.00 10.00 Medical Social Services 0 158,219 158,219 10.00 11.00 Home Health Aide 0 0 116,389 116,389 11.00 12.00 Supplies (see instructions) -9.777 955 955 12.00 13,00 Drugs 0 -2.718 0 13.00 14.00 DME 0 0 0 0 14.00 HHA NONREIMBURSABLE SERVICES 15.00 Home Dialysis Aide Services 0 0 15.00 16.00 Respiratory Therapy o 0 0 16.00 17.00 Private Duty Nursing 0 0 0 0 17.00 18 00 Clinic 0 0 0 0 18.00 Health Promotion Activities 19.00 0 o 0 0 19.00 20.00 Day Care Program ol 0 0 0 20.00 21.00 Home Delivered Meals Program 0 0 0 0 21.00 22.00 Homemaker Service 0 0 0 0 22.00 23.00 All Others (specify) 0 23.00 24.00 | Total (sum of lines 1-23) -12,495 1.774.772 1,774,772 24.00

150026 | Period: From 01/01/2012 157174 | To 12/31/2012

In Lieu of Form CMS-2552-10

1/2012 | Worksheet H-1
Part I
1/2012 | Date/Time Prepared:
5/22/2013 11:41 am

Capital Related Costs Capi			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Home Health Agency I	PPS	
Company Comp				Capital Rela	ited Costs				
CRINERAL SERVICE COST CENTERS			for Cost Allocation (from Wkst. H,			Operation &	Transportation		
Capital Related - Bidg. & 0 1.00 1.176 2.00 2.		والإنجاز ويستعطي		1.00	2.00	3.00	4.00	4A,00	F18814
Electrons Elec							T T		1 00
Capital Related - Movable	1.00		0	٩				V	1.00
1.00 Transportation 0 0 0 0 0 0 0 0 0	2.00		1,176		1,176			0	
Administrative and General 206, 308			43,057	1	0	43,057		0	
## RETMBURSABLE SERVICES			206,308	*	1,176	43,057		250,541	
7.00 Physical Therapy								010 617	6.00
S. 00				i	Ψ	0			
9.00 Speech Pathology 29,217 00 0 0 29,217 9.00 11.00 Nome Health Aide 116,389 10.00 0 0 158,219 9.00 11.00 Nome Health Aide 116,389 10.00 0 0 0 0 0 158,219 10.00 12.00 12.00 12.00 13.00 13.00 14.00				0	0		Ö		
11.00 Home Mealth Aride				o	0	C	o o		
12.00 Supplies (see instructions) 955 0 0 0 0 955 12.00 13.00 Dobe				0	0	C	0		
13.00 Drups				0	0	(
14.00 DNE			1	0	ŏ	ď		0	ł
15.00 Home Dialysis Aide Services 0 0 0 0 0 0 0 15.00			0	0	0	(0	0	14.00
16.00 Respiratory Therapy	15.00		1	- a	0		ı ol	0	15 00
17.00 Private Duty Nursing		1	0	0	- 1		1	Ö	
Health Promotion Activities			o	ō	0	. (o	0	
20.00 Day Care Program			0	0	0	C	0	0	
1.00 Home Delivered Meals Program 0 0 0 0 0 0 0 0 0			0	0	0	(0	. 0	I .
22.00 Homemaker Service			0	0	ő		o o	ő	
Administrative Administrative & General Administrative & General Administrative & General Administrative & General Administrative & General Administrative & General Administrative			o	O	0	(0	0	
Administrative & General			0	0	1 176	42.053		1 774 772	
Capital Related - Bidg. &	24.00	Total (sum of lines 1-23)		Total (cols.	1,176	43,037	0	1,777,772	24.00
Capital Related - Bidg. & Fixtures			& General	4A + 5)					550
1.00 Capital Related - Bldg. & Fixtures	<u> </u>	CENTER CENTER COST CENTERS	5.00					100	
Fixtures	1.00			Sec. 7.50					1.00
Sequence Sequence		Fixtures							2.00
3.00 Plant Operation & Maintenance 3.00 4.00 Transportation 4.00 Transportation 5.00 Administrative and General 250,541	2.00	1 .							2.00
4.00 Administrative and General 250,541 5.00 HHA REIMBURSABLE SERVICES	3.00								3.00
HHA REIMBURSABLE SERVICES	4.00	Transportation							1
Skilled Nursing Care 151,160 1,070,777 6.00 7.00 7.00 Physical Therapy 36,530 258,771 7.00 8.00 Occupational Therapy 12,754 90,347 8.00 Speech Pathology 4,802 34,019 9.00 10.00 Medical Social Services 26,007 184,226 10.00 11.00 12.00 12.00 12.00 157 1,112 12.00 13.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 15.00 15.00 16.00 16.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 19.00	5.00		250,541						5.00
7.00 Physical Therapy 36,530 258,771 0 CCUpational Therapy 12,754 90,347 8.00	6.00		151,160	1,070,777					
9.00 Speech Pathology 4,802 34,019 10.00 11.00 Medical Social Services 26,007 184,226 11.00 11.00 12.00 Supplies (see instructions) 157 1,112 12.00 13.00 14.00 14.00 15.00 14.00 15.00 16.00 16.00 17.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 18.00 19		_	36,530	258,771					
10.00 Medical Social Services 26,007 184,226 10.00 11.00 Home Health Aide 19,131 135,520 11.00 12.00 Supplies (see instructions) 157 1,112 12.00 13.00 Drugs 0 0 0 14.00 DME 0 0 15.00 HHA NONREIMBURSABLE SERVICES 0 16.00 17.00 Respiratory Therapy 0 0 0 17.00 Private Duty Nursing 0 0 0 18.00 Clinic 0 0 0 19.00 Health Promotion Activities 0 0 19.00 Day Care Program 0 0 20.00 Day Care Program 0 0 21.00 Home Delivered Meals Program 0 0 22.00 Homemaker Service 0 0 23.00 All others (specify) 0 0 23.00		l = 1 1 2 1 2							
11.00 Home Health Aide 19,131 135,520 12.00 Supplies (see instructions) 157 1,112 12.00 13.00 14.00 DME 0 0 0 14.00 14.00 14.00 15.00 16.00 16.00 17.00 Private Duty Nursing 0 0 0 17.00 18.00 19.00 19.00 19.00 19.00 19.00 19.00 10.00 19.00 10.00 19.00 10.00			26.007						
13.00 Drugs 0 0 0 14.00 HHA NONREIMBURSABLE SERVICES D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
14.00 DME									
HHA NONREIMBURSABLE SERVICES 15.00 Home Dialysis Aide Services 0 0 0 15.00 16.00 17.00 Private Duty Nursing 0 0 0 17.00 18.00 17.00 18.00 19.00			1	1					
15.00 Home Dialysis Aide Services 0 0 0 15.00 16.00 17.00 17.00 17.00 17.00 18.00 18.00 19	14.00								1,
17.00	15.00	The state of the s		1					
18.00 Clinic 0 0 19.00			0	1					
19.00 Health Promotion Activities 0 0 0 20.00 20.00 Day Care Program 0 0 0 21.00 Home Delivered Meals Program 0 0 22.00 Homemaker Service 0 0 23.00 All Others (specify) 0 0			0	1					
20.00 Day Care Program 0 0 21.00 Home Delivered Meals Program 0 0 22.00 Homemaker Service 0 0 23.00 All Others (specify) 0 0									19.00
22.00 Homemaker Service 0 0 23.00 All others (specify) 0 0 23.00	20.00	Day Care Program	0	o					
23.00 All Others (specify) 0 0 23.00			0	0					
			1	1 1					23.00
				1,774,772					24.00

Provider CCN: 150026 HHA CCN:

157174

Period: Worksheet H-1
From 01/01/2012 Part II
To 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am
Home Health PPS

Home Health Agency I

250000000000000000000000000000000000000		Capital Re	lated Costs		0.00	44		
			Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS				47.000			······································
1.00	Capital Related - Bldg. & Fixtures	2,563				0		1.00
2.00	Capital Related - Movable		6 720					2 00
2.00	Equipment		6,730			U		2.00
3.00	Plant Operation & Maintenance	_	_	2,563				2 00
4.00	Transportation (see	0	0	2,303		0		3.00
1.00	instructions)	0	٥	U	103,799			4.00
5.00	Administrative and General	2,563	6,730	2,563	2,352	-250,541	1 524 221	5.00
	HHA REIMBURSABLE SERVICES	2,303	0,730	2,303	2,332	-230,341	1,524,231	3.00
6.00	Skilled Nursing Care	n	0	0	59,973	0	919,617	6.00
7.00	Physical Therapy	0	0	0	12,018	0	222,241	7.00
8.00	Occupational Therapy	Ö	0	0	4,842	0	77,593	
9.00	Speech Pathology	. 0	0	0	1,319	0	29,217	9.00
10.00	Medical Social Services	Ö	0	0	3,573		158,219	
11.00	Home Health Aide	l ő	0	0	19,722	0	116,389	
12.00	Supplies (see instructions)	o o	0	0	15,722	0	955	
13.00	Drugs	ŏ	0	. 0	U	0	0	13.00
14.00	DME	o o	o o	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES	0		<u> </u>	L 0			14.00
15.00	Home Dialysis Aide Services	0	O		0	o	0	15.00
16.00	Respiratory Therapy	Ŏ	0	0	١	٥	0	16.00
17.00	Private Duty Nursing	ő	õ	0	0	0	0	17.00
18.00	Clinic	o o	0	0	0	. 0	ď	18.00
19.00	Health Promotion Activities	ŏ	ŏ	0	0	0	0	19.00
20.00	Day Care Program	ام	ő	ŏ	0	o o	0	20.00
21.00	Home Delivered Meals Program	ŏ	ŏ	0	0	ď	0	21.00
22.00	Homemaker Service	ام	0	o o	0	ŏ	0	22.00
23.00	All Others (specify)	١	0	0	0	o o	o o	23.00
24.00		2,563	6,730	2,563	103,799	-250,541	1,524,231	
25.00	Cost To Be Allocated (per	2,303	1,176	43,057	105,733	230,341	250,541	
	Worksheet H-1, Part I)		2,170	.5,057	Ĭ		230,341	23.00
26.00	Unit Cost Multiplier	0.000000	0.174740	16.799454	0.000000		0.164372	26.00

Health Financial Systems IU
ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS Period: From 01/01/2012 To 12/31/2012 Worksheet H-2 Part I Date/Time Prepared: 5/22/2013 11:41 am Provider CCN: 150026 157174 HHA CCN: Home Health PPS

						Agency I		PROTECTION 12-12-12
	The sales are the sales		CAPITAL REL	ATED COSTS			100	
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	BENEFITS	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
	The contract of the contract o	0	1.00	2.00	4.00	5.01	5A.01	
1.00	Administrative and General	0	36,920	6,181	20,799	6,634 0	70,534 1,331,779	1.00 2.00
2.00	Skilled Nursing Care	1,070,777 258,771	0	0	261,002 63,076	0	321,847	3.00
3.00 4.00	Physical Therapy Occupational Therapy	90,347	0	0		- 1	112,369	4.00
5.00	Speech Pathology	34,019	0	ŏ	,	- 1	42,311	5.00
6.00	Medical Social Services	184,226	o	0	,	0	229,131	6.00
7.00	Home Health Aide	135,520	0	0	33,033	0	168,553	7.00
8.00	Supplies (see instructions)	1,112	0	0	_	0	1,112	8.00
9.00	Drugs .	0	0	0	_	0	0	9.00
10.00	DME	0	0	0		0	0	10.00 11.00
11.00	Home Dialysis Aide Services	0	0	0		0	0	12.00
12.00 13.00	Respiratory Therapy Private Duty Nursing	0	0	0	_	o	Ö	13.00
14.00	Clinic	ő	0	ő	1	Ö	ō	14.00
15.00	Health Promotion Activities	ŏ	0	ō	0	o	0	15.00
16.00	Day Care Program	0	0	0	0		0	16.00
17.00	Home Delivered Meals Program	0	0	0	0		0	1, 100
18.00	Homemaker Service	0	0	0	0	0	0	18.00 19.00
19.00	All Others (specify)	0	26,020	C 191	453,129	1 9	2,277,636	
20.00	Total (sum of lines 1-19) (2) Unit Cost Multiplier: column	1,774,772	36,920	6,181	455,129	0,034	0.000000	
21.00	26, line 1 divided by the sum						0.00000	22.00
	of column 26, line 20 minus							
	column 26, line 1, rounded to 6							
	decimal places.	8		OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	
	Cost Center Description	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	PLANT	LINEN SERVICE	HOUSEKEEFING	DILIAN	
		AND GENERAL				100		
		5.02	6.00	7.00	8.00	9.00	10.00	1.00
1.00	Administrative and General	17,610		,	_		. 0	2.00
2.00 3.00	Skilled Nursing Care Physical Therapy	332,497 80,354	0		1		ŏ	3.00
4.00	Occupational Therapy	28,055	_			- 1	. 0	4.00
5.00	Speech Pathology	10,564	Ö		0	o	0	5.00
6.00	Medical Social Services	57,206	0		C	- 1	0	
7.00	Home Health Aide	42,082			t .		0	
8.00	Supplies (see instructions)	278		0			0	
9.00	Drugs	0		0	1	1	0	
10.00 11.00	DME Home Dialysis Aide Services	0			'	1	ŏ	11.00
12.00	Respiratory Therapy	0		_	1	1 -1	0	12.00
13.00	Private Duty Nursing	Ö	ŏ	-	1	1 -1	0	13.00
14.00	Clinic	0			1	1	0	14.00
15.00	Health Promotion Activities	0			1	1	0	
16.00	Day Care Program	0			1	1	0	
17.00	Home Delivered Meals Program	0			ή	1 1	0	
	Hamamalian Camidas		1 0	1 0	'i	1	-1	
18.00	Homemaker Service	1	0		ol c) {O	0	19.00
19.00	All Others (specify)	0		40,305	1	17,799	0	-
19.00 20.00	All Others (specify) Total (sum of lines 1-19) (2)	1		_	1	1	-	-
19.00	All Others (specify)	0		_	1	1	-	20.00
19.00 20.00	All Others (specify) Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus	0 568,646		_	1	1	-	20.00
19.00 20.00	All Others (specify) Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum	0 568,646		_	1	1	-	20.00

⁽¹⁾ Column 0, line 20 must agree with Wkst. A, column 7, line 101.(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS Provider CCN: 150026 Period: Worksheet H-2 From 01/01/2012 Part I Date/Time Prepared: 157174 12/31/2012 HHA CCN: Tο 5/22/2013 11:41 am Home Health Agency I Cost Center Description CAFETERIA MAINTENANCE OF NURSING CENTRAL PHARMACY MEDICAL PERSONNEL ADMINISTRATION SERVICES & RECORDS & SUPPLY LIBRARY 11.00 12.00 14.00 15.00 16.00 1.00 Administrative and General 32,411 13,298 1.00 000 2.00 Skilled Nursing Care 0 103,266 0 0 0 0 0 0 n 2.00 3.00 Physical Therapy 0 0 0 0 3.00 Occupational Therapy 4.00 0 0 0 0 4.00 5.00 Speech Pathology 0 5.00 Medical Social Services 6.00 0 0 0 0 6.00 7.00 Home Health Aide 0 7.00 8.00 Supplies (see instructions) 0 0 0 0 719 0 8.00 9.00 Drugs 0 0 0 0 9.00 10.00 0 10.00 11.00 Home Dialysis Aide Services 0 0 0 11.00 Respiratory Therapy 12.00 0 12.00 13.00 Private Duty Nursing 0 0 0 13.00 14.00 Clinic 0 0 0 14.00 0 15.00 Health Promotion Activities 0 0 15.00 16.00 Day Care Program 0 0 16.00 17.00 Home Delivered Meals Program 0 0 0 17.00 18.00 Homemaker Service 0 0 0 0 18.00 All Others (specify) 19.00 Λ 0 19.00 20,00 Total (sum of lines 1-19) (2) 32,411 103,266 13,298 20.00 21.00 Unit Cost Multiplier: column 21.00 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. OTHER GENERAL INTERNS & SERVICE RESIDENTS Cost Center Description SOCIAL SERVICE (SPECIFY) NONPHYSICIAN NURSING SCHOOL SERVICES-SALAR SERVICES-OTHER PRGM COSTS 22,00 ANESTHETISTS Y & FRINGES 18.00 17.00 20.00 19.00 21.00 1.00 Administrative and General 0 1.00 2.00 Skilled Nursing Care 0 0 0 2.00 3.00 Physical Therapy 0 0 0 0 0 3.00 4.00 Occupational Therapy 0 0 0 0 4.00 5.00 Speech Pathology 0 0 0 0 5.00 6.00 Medical Social Services 0 0 0 0 6.00 7.00 Home Health Aide O 0 7.00 8.00 Supplies (see instructions) 0 0 0 0 8.00 9.00 Drugs 0 0 0 0 0 9.00 10.00 DME 0 0 00000 0 0 10.00 11.00 Home Dialysis Aide Services 0 0 0 11.00 12,00 Respiratory Therapy 0 0 12.00 0 0 13.00 Private Duty Nursing 0 0 13.00 14.00 Clinic 0 0 0 14.00 15.00 Health Promotion Activities 0 0 0 15.00 16.00 Day Care Program 0 0 16.00 17.00 Home Delivered Meals Program 0 0 0 17.00 18.00 Homemaker Service 0 0 18.00 19.00 All Others (specify) 0 0 0 19.00 20.00 Total (sum of lines 1-19) (2) 20.00 21.00 Unit Cost Multiplier: column

26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6

decimal places.

21.00

⁽¹⁾ Column O, line 20 must agree with Wkst. A, column 7, line 101.

⁽²⁾ Columns O through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

150026 | Period: From 01/01/2012 157174 | To 12/31/2012 Provider CCN: 150026

Worksheet H-2 Part I Date/Time Prepared: 5/22/2013 11:41 am PPS HHA CCN: Home Health

						Agency I	PPS	
	Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
				Stepdown Adjustments				
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	191,957	+	191,957			1.00
2.00	Skilled Nursing Care	0	1,767,542	0	1,767,542	118,546	1,886,088	2.00
3.00	Physical Therapy	0	402,201	0	402,201	26,975	429,176	3.00
4.00	Occupational Therapy	0	140,424	l 0	140,424	9,418		4.00
5.00	Speech Pathology	0	52,875	6 0	52,875	3,546	56,421	5.00
6.00	Medical Social Services	0	286,337	' 0	286,337	19,204	305,541	6.00
7.00	Home Health Aide	0	210,635	6 0	210,635			7.00
8.00	Supplies (see instructions)	0	2,109	0	2,109	141	2,250	8.00
9.00	Drugs	0	(0	0	0	0	9.00
10.00	DME	0	(0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	(0	0	0	0	11.00
12.00	Respiratory Therapy	0	() 0	0	0	0	12.00
13.00	Private Duty Nursing	0	(0	0	0	0	13.00
14.00	Clinic	0	(0	0	0	0	14.00
15.00	Health Promotion Activities	0	(0	0	0	0	15.00
16.00	Day Care Program	0	(0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	() 0	0	0	0	17.00
18.00	Homemaker Service	0	(0	0	0	0	18.00
19.00	All Others (specify)	0	(0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	3,054,080	0	3,054,080		3,054,080	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 0	5				0.067068		21.00
	decimal places.				1	1		

Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

	AND CONTRACT OF STREET	CARTTAL DE	LATED COSTS		[Agency I		L
		CAPITAL RE	LATED COSTS					
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM, COST)	
		1.00	2.00	4.00	5.01	5A.02	5.02	
1.00	Administrative and General	2,563	6,730				70,534	1.00
2.00	Skilled Nursing Care	0	0	919,617		0	-,,	
3.00 4.00	Physical Therapy	0	0			1	321,847	3.00
5.00	Occupational Therapy Speech Pathology	0	0	,555		7	,	
6.00	Medical Social Services	0	0		(1	42,311	5.00
7.00	Home Health Aide	0			1	1	229,131 168,553	6.00 7.00
8.00	Supplies (see instructions)	ŏ	Ö			,	1,112	8.00
9.00	Drugs	0	o	ŏ		,	0	9.00
10.00	DME	0	o	o	ĺ	Ö	o	10.00
11.00	Home Dialysis Aide Services	0	· 0	0	() o	0	11.00
12.00	Respiratory Therapy	0	0	0	C	0	0	12.00
13.00	Private Duty Nursing	0	0	0	C	1	0	13.00
14.00 15.00	Clinic Health Promotion Activities	0	0	0	C	', '	0	14.00
16.00	Day Care Program	. 0	0	0	(1	0	15.00
17.00	Home Delivered Meals Program	0	0	0	C	0	0	16.00
18.00	Homemaker Service	0	0	0		0	0	17.00 18.00
19.00	All Others (specify)	Ö	ŏ	0	Č		0	19.00
20.00	Total (sum of lines 1-19)	2,563	6,730	1,596,558	1,648,659		2,277,636	
21.00	Total cost to be allocated	36,920			6,634		568,646	
22.00	Unit cost multiplier	14.404994		0.283816	0.004024		0.249665	22.00
	Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	
		REPAIRS (SQUARE FEET)	PLANT (SQUARE FEET)	LINEN SERVICE (POUNDS OF	(SQUARE FEET)	(MEALS SERVED)	(MAN HOURS)	
		(SQUARE FEET)	(SQUARE FEET)	LAUNDRY)	1000			
		6.00	7,00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	2,563	2,563	0	2,563	0	55,946	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 4.00	Physical Therapy	0	0	0	0	0	0	3.00
5.00	Occupational Therapy Speech Pathology	0	0	0	. 0	0	0	4.00
6.00	Medical Social Services	0	0	l o	0	0	0	5.00
7.00	Home Health Aide	0	0	0	0	0	0	6.00
8.00	Supplies (see instructions)	o o	. 0	0	0	0	0	7.00 8.00
9.00	Drugs	o	ŏ	o	0	o o	ŏ	9.00
10.00	DME	0	0	ŏ	0	ŏ	ŏ	10.00
11.00	Home Dialysis Aide Services	0	0	. 0	0	o	ō	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 15.00	Clinic Health Promotion Activities	0	0	0	0	0	0	14.00
16.00	Day Care Program	0	0	0	0	0	0	15.00
17.00	Home Delivered Meals Program	0	0	U O	0	0	0	16.00
18.00	Homemaker Service	0	o n	0	0	0	0	17.00 18.00
19.00	All Others (specify)	0	0	ď	0) A	δ.	19.00
20.00	Total (sum of lines 1-19)	2,563	2,563	o o	2,563	١	55,946	20.00
21.00	Total cost to be allocated	0	40,305	o	17,799	Ö	32,411	21.00
22.00	Unit cost multiplier	0.000000	15.725712	0.000000	6.944596		0.579326	

						Agency I	1	
	Cost Coston Doctointion	MAINTENANCE OF	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
	Cost Center Description			SERVICES &	(COSTED	RECORDS &	(TIME SPENT)	
		PERSONNEL	ADMINISTRATION	SUPPLY	REQUIS.)	LIBRARY	CITME SIEMI	
		(NUMBER	(DIRECT NURS.	(COSTED	REQUIS.)	(GROSS		
		HOUSED)	HRS.)			CHARGES)		
		12.00	13.00	REQUIS.) 14.00	15.00	16.00	17.00	
1.00	Administrative and General	12.00		14.00		1,648,659		1.00
	Skilled Nursing Care	0	I -1	0	-1	0	.1	2.00
	, ,	0	10,923	0	0	ő	-1	3.00
	Physical Therapy	0	Ö	0	٥	0	ŏ	4.00
	Occupational Therapy	0	ا	0	0	0	1	5.00
	Speech Pathology	0		0	0	0		6.00
	Medical Social Services	0		0	·	0		7.00
	Home Health Aide	0	1 -1	19,705	i Y	0	o o	8.00
	Supplies (see instructions)	0	0	19,703	0	0	0	9.00
	Drugs	_	0	0	0	0	.0	10.00
	DME	0	0	0	0	0	0	
	Home Dialysis Aide Services	0	U	. 0	0	0	0	12.00
	Respiratory Therapy	0	U	0	0	0	0	13.00
	Private Duty Nursing	0	0	0	0	0	0	14.00
	Clinic	0	0	0	٥	0	0	15.00
	Health Promotion Activities	0	0	0	Ų V	0	0	16.00
	Day Care Program	0	0	U	0	0	0	17.00
	Home Delivered Meals Program	0	0	0	0	0	0	18.00
	Homemaker Service	0	0	0	0		0	19.00
	All Others (specify)	0	10 00	10.705	0	1,648,659	1	20.00
	Total (sum of lines 1-19)	0	18,925	19,705		13,298		21.00
	Total cost to be allocated	0 000000	103,266	719				
22.00	Unit cost multiplier	0.000000	5.456592	0.036488	INTERNS &		0.00000	22.00
		OTHER GENERAL SERVICE			INTERNO G	RESIDENTS		
	Cost Center Description	(SPECIFY)	NONPHYSICIAN	NURSTNG SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	
	cost center bescription	(TIME SPENT)	ANESTHETISTS	(ASSIGNED	Y & FRINGES	PRGM COSTS	PRGM	
	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1202 31211)	(ASSIGNED	TIME)	(ASSIGNED	(ASSIGNED	(ASSIGNED	
	and The American	Sign Continue Mig. 17		73838 Com Table 1	\			Control of the Contro
			I I ME)		TIME)	TIME)	TIME)	
		18.00	TIME) 19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	18.00	19.00		21.00	22.00 0	23.00 0	
1.00	Administrative and General Skilled Nursing Care		19.00 0	C	21.00	22.00 0	23.00	2.00
		0	19.00 0	C	21.00 0 0 0	22.00 0 0	23.00 0 0 0	2.00 3.00
2.00	Skilled Nursing Care	0	19.00 0 0	C	21.00 0 0 0 0	22.00 0 0 0	23.00 0 0 0 0 0	2.00 3.00 4.00
2.00 3.00	Skilled Nursing Care Physical Therapy	0	19.00 0 0	0 0 0	21.00 0 0 0 0 0	22.00 0 0 0 0	23.00	2.00 3.00 4.00 5.00
2.00 3.00 4.00	Skilled Nursing Care Physical Therapy Occupational Therapy	0	19.00 0 0 0 0	0 0 0	21.00 0 0 0 0 0	22.00 0 0 0 0 0	23.00 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00
2.00 3.00 4.00 5.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	0	19.00 0 0 0 0	0 0 0 0 0	21.00 0 0 0 0 0 0	22.00 0 0 0 0 0	23.00 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00
2.00 3.00 4.00 5.00 6.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	0	19.00 0 0 0 0	000000000000000000000000000000000000000	21.00 0 0 0 0 0 0 0	22.00 0 0 0 0 0 0	23.00 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00
2.00 3.00 4.00 5.00 6.00 7.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	0	19.00 0 0 0 0	000000000000000000000000000000000000000	21.00 0 0 0 0 0 0 0 0 0	22.00 0 0 0 0 0 0 0	23.00 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	0	19.00 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	0	19.00 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0	22.00 0 0 0 0 0 0 0 0 0 0	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00 0 0 0 0 0 0 0 0 0 0 0	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 17.00 18.00 19.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 20.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19)	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	0	19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22.00	23.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00

Health	Financial Systems		IU HEALTH GOSH	HEN HOSPITAL		In Lieu of Form CMS-2552		
APPOR	TIONMENT OF PATIENT SERVICE COSTS	5		Provider HHA CCN:	CCN: 150026 157174	Period: From 01/01/2012 To 12/31/2012		pared:
				Titl	e XVIII	Home Health	PPS	
	Cost Center Description	Part I, col. 9, line		Charge (from provider records)	HHA Shared Ancillary Costs (col. x col. 2)	Part I as 1 Indicated		
	PART II - APPORTIONMENT OF CO	0 ST OF HUA SERV	1.00	2.00 BY SHARED HOS	3.00	4.00		
1.00 2.00 3.00 4.00 5.00	Physical Therapy Occupational Therapy Speech Pathology Cost of Medical Supplies Cost of Drugs	66.00 67.00 68.00 71.00 73.00	0.583897 0.349879 0.480093 0.413446	0 0 0 0	PIJAC DEPART	0 col. 2, line 2 0 col. 2, line 3 0 col. 2, line 4 0 col. 2, line 1 0 col. 2, line 1	.00 .00 5.00	1.00 2.00 3.00 4.00 5.00

LCUL	Financial Systems ATION OF HHA REIMBURSEMENT SETTLEMEN	IU HEALTH GOSHEN I		CCN: 150026	Period:	2012	Worksheet H-4	
			HHA CCN:	157174	From 01/01/ To 12/31/	2012	Part I-II Date/Time Prep 5/22/2013 11:4	
			Titl	e XVIII	Home Heal		PPS	
	TTY (1) 经国际公司 TTY (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	1 48	-1		Agency Part E	3	Para Section	
				Part A	Not Subjectible			
	Air a la la la la la la la la la la la la l				Coinsura		Coinsurance	
	PART I - COMPUTATION OF THE LESSE	OF REASONABLE COST OR CUST	OMARY CHAR	1.00	2.00		3.00	
	Reasonable Cost of Part A & Part					-	0	1.0
00	Reasonable cost of services (see instructions)				0	C	0	1.0
00	Total charges				0	C	0	2.0
00	Customary Charges Amount actually collected from				0	C	0	3.0
	patients liable for payment for services on a charge basis							
00	(from your records) Amount that would have been				0	C	o	4.0
	realized from patients liable							
	for payment for services on a charge basis had such payment							
	been made in accordance with 42							
00	CFR 413.13(b) Ratio of line 3 to line 4 (not to exceed 1.000000)			0.0000	0.0	00000	0.000000	5.0
ю	Total customary charges (see instructions)				0	(0	6.0
0	Excess of total customary				o	(0	7.0
	charges over total reasonable cost (complete only if line 6							
	exceeds line 1)					,	0	
00	Excess of reasonable cost over customary charges (complete				U	(, 0	8.0
	only if line 1 exceeds line 6)				0	(9.0
00	Primary payer amounts	2.55			Part /		Part B	٠.٠
					Service 1.00		Services 2.00	
	PART II - COMPUTATION OF HHA REIM	URSEMENT SETTLEMENT			1.00			
00	Total reasonable cost (see instructions)					(0	10.0
.00	Total PPS Reimbursement - Full Episodes without Outliers				55	6,41	410,861	11.0
.00	Total PPS Reimbursement - Full					(2,042	12.0
00	Episodes with Outliers Total PPS Reimbursement - LUPA				1	1,832	13,524	13.0
	Episodes							14
.00	Total PPS Reimbursement - PEP Episodes				1	2,01	4,122	14.
.00	Total PPS Outlier Reimbursement					(457	15.0
00	- Full Episodes with Outliers Total PPS Outlier Reimbursement					29:	1 0	16.
.00	- PEP Episodes Total Other Payments					(0	17.
.00	DME Payments					(0	l .
.00	Oxygen Payments Prosthetic and Orthotic					(0 0	
	Payments						0	21.
.00	Part B deductibles billed to Medicare patients (exclude						0	21.
	coinsurance)				Ε0	Λ EE	431,006	22
.00	Subtotal (sum of lines 10 thru 20 minus line 21)				30	0,55		1
.00	Excess reasonable cost (from line 8)					1	0	23.
.00	Subtotal (line 22 minus line				58	0,55	431,006	24.
.00	23) Coinsurance billed to program						0	25.
.00	patients (from your records) Net cost (line 24 minus line				58	0,55	431,006	26.
.00	25) Reimbursable bad debts (from						0	27.
	your records)						0 0	28.
.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)						V	
.00	Total costs - current cost reporting period (line 26 plus				58	30,55	431,006	29.
	line 27)				1			

Health	Financial Systems	IU HEALTH GOSHEN HOSPITAL	In Li	eu of Form CMS-	2552-10
CALCUL	ATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 150026 HHA CCN: 157174	Period: From 01/01/2012 To 12/31/2012		pared:
		Title XVIII	Home Health Agency I	PPS	
			Part A Services	Part B Services	
			1.00	2.00	
30.00	OTHER ADJUSTMENTS (SEE		0	0	30.00
	INSTRUCTIONS) (SPECIFY)				
31.00	Subtotal (line 29 plus/minus line 30)		580,551	431,006	31.00
32.00	Interim payments (see		580,551	421 000	33.00
32.00	instructions)		300,331	431,006	32.00
33.00	Tentative settlement (for			_	33.00
33.00	contractor use only)			U	33.00
34.00	Balance due provider/program		0	0	34.00
	(line 31 minus lines 32 and 33)		0		34.00
35.00	Protested amounts (nonallowable		0	0	35.00
	cost report items) in				
	accordance with CMS Pub. 15-II,				
	section 115.2				

5.99

6.00

6.01 0

6.02

7.00

431,006

0

580,551

5.52

5.99

6.00

6.01

6.02

7.00

Subtotal (sum of lines

SETTLEMENT TO PROVIDER

SETTLEMENT TO PROGRAM

Total Medicare program liability (see instructions)

5.50-5.98)

5.01-5.49 minus sum of lines

amount (balance due) based on the cost report. (1)

Determined net settlement

Health Financial Systems	IU HEALTH GOSHEN HOSPITAL				In Lieu of Form CMS-2552-1				
ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA PROGRAM BENEFICIARIES	s FOR SERVICES RENDERED TO			Period: From 01/01/2012		Worksheet H-5			
		HHA CCN:	157174	То	12/31/2012	Date/Time Prep 5/22/2013 11:4			
				Н	ome Health	PPS			
					Agency I				
				- 0	Contractor	Date			
					Number	(Mo/Day/Yr)			
	2000000	0			1.00	2.00			
8.00 Name of Contractor							8.00		

Health Financial Systems

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

| Period: From 01/01/2012 | Date/Time Prepared: 5/22/2013 11:41 am | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 11:41 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepared: 5/22/2013 | Date/Time Prepare

						5/22/2013 11:4	11 am
					Hospice I		
		Salaries (from	Employee	Transportation		Other	
		Wkst. K-1)	Benefits (from	(see inst.)	Services (from		
			Wkst. K-2)		Wkst. K-3)		
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS				227		
1.00	Capital Related Costs-Bldg and Fixt.			(. 0	1.00
2.00	Capital Related Costs-Movable Equip.			()	0	2.00
3.00	Plant Operation and Maintenance	l c	0	(1,815	0	3.00
4.00	Transportation - Staff	0	0	(0	0	4.00
5.00	Volunteer Service Coordination	0	0	(0	0	5.00
6.00	Administrative and General	0	0	(15,116	158,706	6.00
	INPATIENT CARE SERVICE				•		
7.00	Inpatient - General Care	686,493	0	(0	0	7.00
8.00	Inpatient - Respite Care	C	0		0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	(0	(0	0	9.00
10.00	Nursing Care	Č	o o	(o o	0	10.00
11.00	Nursing Care-Continuous Home Care		Ŏ	Ì	ol ol	0	11.00
12.00	Physical Therapy		ŏ	ĺ	ol ol	0	12.00
13.00	Occupational Therapy		ň	l		0	13.00
	Speech/ Language Pathology		ň	l i		0	14.00
15.00	Medical Social Services		i o		o o	0	15.00
16.00	Spiritual Counseling		0	ì	ó	0	16.00
	Dietary Counseling			1	ó	Ö	17.00
18.00	Counseling - Other		i o		ด์ ด	Ö	18.00
19.00	Home Health Aide and Homemaker		0	1	ő	0	19.00
	HH Aide & Homemaker - Cont. Home Care		Ŏ		Š ŏ	ő	20.00
21.00	Other		o o]	ด์ ด	0	21.00
21.00			,,		۷	Ü	
22.00	OTHER HOSPICE SERVICE COSTS Drugs, Biological and Infusion Therapy	1 (0	() 0	190,516	22.00
			i i		Ď Ŏ	0	23.00
23.00	Analgesics					ő	24.00
24.00	Sedatives / Hypnotics)		ő	25.00
25.00	Other - Specify					ő	26.00
26.00	Durable Medical Equipment/Oxygen)			0	ő	27.00
27.00	Patient Transportation	,			0	ő	28.00
28.00	Imaging Services	}	9			0	29.00
29.00)				35,193	į.
30.00	Medical Supplies		0			0,193	31.00
31.00	1					i ő	1
32.00	Radiation Therapy	9				0	33.00
33.00	Chemotherapy	9	O O)	202 644	
34.00	Other	() 0	1	<u>u</u> u	392,644	34.00
	HOSPICE NONREIMBURSABLE SERVICE	T			n 0	0	35.00
35.00	Bereavement Program Costs]	0		· ·	0	33.00
36.00			9		0	0	37.00
37.00	Fundraising		0	1) v	I -	1
38.00	Other Program Costs	686,49	0	1	0 0 16,931	777,059	
	Total (sum of lines 1 thru 38)						

Health	Financial Systems	IU HEALTH GOSH	EN HOSPITAL		In Li	eu of Form CMS-	2552-10
ANALYS	IS OF PROVIDER-BASED HOSPICE COSTS	THE TRANSPORT OF THE PARTY OF T	Provider	CCN: 150026	Period:	Worksheet K	
					From 01/01/2012		
			Hospice C	:CN: 151527	To 12/31/2012	Date/Time Prep 5/22/2013 11:4	
					Hospice I	3/22/2013 11.	11 aiii
		Total (cols.	Reclassificati	Subtotal (col		Total (col. 8	
		1-5)	on	6 ± col. 7)		± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0		0 0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0		0	0	2.00
3.00	Plant Operation and Maintenance	1,815	0	1,81	5 0	1,815	1
4.00	Transportation - Staff	0	0	,	0 0	0	1
5.00	Volunteer Service Coordination	0	0		0 0	o o	1
6.00	Administrative and General	173,822	0	173,82	2 0	173,822	
	INPATIENT CARE SERVICE			,	1		
7.00	Inpatient - General Care	686,493	0	686,49	3 0	686,493	7.00
8.00	Inpatient - Respite Care	0	0	,	ol o		1
	VISITING SERVICES						
9.00	Physician Services	0	0		0 0	0	9.00
10.00	Nursing Care	0	`0		o o	0	10.00
11.00	Nursing Care-Continuous Home Care	o	0		ol o	0	11.00
12.00	Physical Therapy	0	0		ol o	0	12.00
13.00	Occupational Therapy	0	0		o o	0	13.00
14.00	Speech/ Language Pathology	0	0		o o	0	14.00
15.00	Medical Social Services	o	0		o o	o	15.00
16.00	Spiritual Counseling	0	Õ		o o	Ö	16.00
17.00	Dietary Counseling	0	0		o o	ō	17.00
18.00	Counseling - Other	o	0		o o	ő	18.00
19.00	Home Health Aide and Homemaker	ŏ	Ô		o o	ŏ	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		o o	ŏ	20.00
21.00		ő	ő		o ŏ	_	21.00
	OTHER HOSPICE SERVICE COSTS			1	0		21.00
22.00	Drugs, Biological and Infusion Therapy	190,516	-190,516		ol o	0	22.00
23.00	Analgesics	0	,		م ا	1	23.00
24.00	Sedatives / Hypnotics	0	ő		o o	o o	24.00
25.00	Other - Specify	0	Õ		o o	ő	25.00
26.00	Durable Medical Equipment/Oxygen	0	0		o o	Ö	26.00
27.00	Patient Transportation	o	Ö		0 0	ŏ	27.00
28.00	Imaging Services	0	0		o o	ő	28.00
29.00	Labs and Diagnostics	o o	0		o o	ŏ	29.00
30.00	Medical Supplies	35,193	-35,193		n o	ő	30.00
31.00	Outpatient Services (including E/R Dept.)	33,133	33,133		0 0	ő	31.00
32.00	Radiation Therapy	ŏ	ñ			0	32.00
33.00	Chemotherapy	ŏ	0			0	33.00
34.00	Other	392,644	0	392,64	4 0	392,644	
	HOSPICE NONREIMBURSABLE SERVICE	332,044		332,04	., 0	332,044	57.00
35.00	Bereavement Program Costs	0	0		0 0	0	35.00
36.00	Volunteer Program Costs	0	n		0 0	. 0	36.00
37.00	Fundraising	ň	n		o o	ő	37.00
38.00	Other Program Costs	0	0		o o	1	38.00
39.00	Total (sum of lines 1 thru 38)	1,480,483	-225,709	1,254,77	-		
	· · · · · · · · · · · · · · · · · · ·		223,703	~,~57,,,,	.,	1 2,251,774	33.00

					Hospice I	3/22/2013 11:2	+1 alli
		Administrator	Director	Social	Supervisors	Nurses	
		raum, mrs en a co.	J., cc.co	Services			
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.0
2.00	Capital Related Costs-Movable Equip.						2.0
3.00	Plant Operation and Maintenance	О	0	(0	0	3.0
4.00	Transportation - Staff	0	0	(0	0	4.0
5.00	Volunteer Service Coordination	0	0	C	0	0	
6.00	Administrative and General	0	0	(0	0	6.0
	INPATIENT CARE SERVICE	1					
7.00	Inpatient - General Care	0	0				7.0
8.00	Inpatient - Respite Care	0	0		0	0	8.0
	VISITING SERVICES						
9.00	Physician Services	0	0	(0	0	
10.00	Nursing Care	0	0	C	0	0	1
11.00	Nursing Care-Continuous Home Care	0	0	(0	0	
12.00	Physical Therapy	0	0	(0	0	1 .
13.00	Occupational Therapy	0	0	(0	. 0	
14.00	Speech/ Language Pathology	0	0	(0	0	
15.00	Medical Social Services	0	0	(0	0	1
16.00	Spiritual Counseling	0	0	() . 0	0	1
17.00	Dietary Counseling	0	0	(0	0	1
18.00	Counseling - Other	0	0	(0	0	
19.00	Home Health Aide and Homemaker	0	0	(0	0	1
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	() 0	0	1
21.00	Other	0	0	(0	0	21.0
	OTHER HOSPICE SERVICE COSTS			1966			l
22.00	1 3 . 3					1	22.0
23.00	Analgesics					ł	23.0
24.00	Sedatives / Hypnotics]	24.0
25.00	Other - Specify						25.0
26.00	Durable Medical Equipment/Oxygen				_		26.0
27.00	Patient Transportation	0	0		0	0	1
28.00	Imaging Services	0	0		0	0	
29.00	Labs and Diagnostics	0	0	(0	0	1
30.00	Medical Supplies	0	0	(0	0	
31.00	Outpatient Services (including E/R Dept.)	0	0		<u> </u>	0	
32.00	Radiation Therapy	0	0		0	0	
33.00	Chemotherapy	0	0		0	0	1
34.00	Other	0	0	(0	0	34.0
	HOSPICE NONREIMBURSABLE SERVICE	.,	_	I -	J		4
	Bereavement Program Costs	0	0		0	1	
36.00	Volunteer Program Costs	0	0		0	0	
37.00	Fundraising	0	0]	<u>)</u>	0	1
38.00	Other Program Costs	0	0	'	<u>)</u>	0	1
39.00	Total (sum of lines 1 thru 38)	1 0	0	1) 0	418,287	39.0

Chemotherapy

Fundraising

HOSPICE NONREIMBURSABLE SERVICE

Bereavement Program Costs

Volunteer Program Costs

39.00 |Total (sum of lines 1 thru 38)

Other Program Costs

Other

33.00

34.00

35.00

36.00

37.00

38.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES Provider CCN: 150026 Period: Worksheet K-1 From 01/01/2012 Date/Time Prepared: 5/22/2013 11:41 am Hospice CCN: 151527 то 12/31/2012 Hospice I Total (1) Total Aides All-Other Therapists 8.00 7.00 6.00 9.00 GENERAL SERVICE COST CENTERS 1.00 Capital Related Costs-Bldg and Fixt. 1.00 2.00 Capital Related Costs-Movable Equip. 2.00 3.00 Plant Operation and Maintenance 3.00 0 4.00 Transportation - Staff 0 0 0 4.00 5.00 Volunteer Service Coordination 0 0 O 5.00 Administrative and General 6.00 0 0 O 6.00 INPATIENT CARE SERVICE 7.00 Inpatient - General Care 98,161 170,045 686,493 7.00 Inpatient - Respite Care 8.00 0 0 0 8.00 VISITING SERVICES 9.00 Physician Services 0 9.00 0 10.00 Nursing Care 000000000 000000000 0 10.00 11.00 Nursing Care-Continuous Home Care 0 11.00 12.00 Physical Therapy 0 12.00 Occupational Therapy 13.00 0 13.00 14.00 Speech/ Language Pathology 14.00 15.00 Medical Social Services 0 0 0 15.00 16.00 Spiritual Counseling 16.00 17.00 Dietary Counseling 17.00 Counseling - Other 18.00 18.00 19.00 Home Health Aide and Homemaker 19.00 20.00 HH Aide & Homemaker - Cont. Home Care 20.00 21.00 Other 21.00 OTHER HOSPICE SERVICE COSTS 22.00 Drugs, Biological and Infusion Therapy 22.00 23.00 Analgesics 23.00 24.00 Sedatives / Hypnotics 24.00 25.00 Other - Specify 25.00 26.00 Durable Medical Equipment/Oxygen 26.00 27.00 Patient Transportation 27.00 28.00 **Imaging Services** 0 0000 28.00 0 29.00 Labs and Diagnostics 29.00 30.00 ŏ Medical Supplies 30.00 Outpatient Services (including E/R Dept.) 31.00 0 0 31.00 Radiation Therapy 32.00

0

0

0

0

0

98,161

0

0

0

0

0

0

170,045

0

0

0

0

0

686,493

32.00

33.00

34.00

35.00

36.00

37.00

38.00

39.00

						5/22/2013 11:	41 am
					Hospice I		
		Administrator	Director	Social	Supervisors	Nurses	
				Services			
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					,	1.00
2.00	Capital Related Costs-Movable Equip.		_	_			2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	1
4.00	Transportation - Staff	0	0	0	0	0	1
5.00	Volunteer Service Coordination	0	0	0	0	0	1
6.00	Administrative and General	0	_0	0	0	0	6.00
	INPATIENT CARE SERVICE				-1		
7.00	Inpatient - General Care	0		. 0	-1	0	1
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	O	. 0	
10.00	Nursing Care	0	0	0	0	0	
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	
12.00	Physical Therapy	0	0	0	0	0	
13.00	Occupational Therapy	0	0	0	. 0	0	
14.00	Speech/ Language Pathology	0	0	0	0	0	
15.00	Medical Social Services	0	0	0	0	0	
16.00	Spiritual Counseling	0	0	0	0	0	
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS			- 1			
	Drugs, Biological and Infusion Therapy						22.00
	Analgesics						23.00
	Sedatives / Hypnotics				į l		24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	
28.00	Imaging Services	0	0	0	0	0	
	Labs and Diagnostics	0	0	0	0	0	
	Medical Supplies	0	0	0	이	0	
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	32.00
32.00	Radiation Therapy	. 0	0	0	0	0	,
33.00	Chemotherapy	0	. 0	0	0	0	1
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE		25				
35.00	Bereavement Program Costs	0	0	C	1	. 0	1
36.00	Volunteer Program Costs	0	o	C	0	0	
37.00	Fundraising	0	0	C	0	0	
38.00	Other Program Costs	0	o	C	0	0	
	Total (sum of lines 1 thru 38)	0	o	C	0	. 0	39.00
		,					

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150026

Period: From 01/01/2012 Hospice CCN: 151527 То 12/31/2012 Date/Time Prepared: 5/22/2013 11:41 am Hospice I All-Other Total Aides Total (1) Therapists 6.00 7.00 8.00 9.00 GENERAL SERVICE COST CENTERS 1.00 Capital Related Costs-Bldg and Fixt. 1.00 2.00 Capital Related Costs-Movable Equip. 2.00 3.00 Plant Operation and Maintenance 0 1,815 1,815 3.00 ŏ 4.00 Transportation - Staff 4.00 Volunteer Service Coordination 5.00 0 0 5.00 6.00 Administrative and General 15,116 15,116 6.00 INPATIENT CARE SERVICE Inpatient - General Care Inpatient - Respite Care 7.00 0 7.00 8.00 0 0 0 8.00 VISITING SERVICES 9.00 Physician Services 0 0 0 0 0 0 0 0 n 9.00 10.00 Nursing Care 0 0 10.00 11.00 Nursing Care-Continuous Home Care 00000 0 11.00 12.00 Physical Therapy 0 12.00 13.00 Occupational Therapy 0 0 13.00 0 14.00 Speech/ Language Pathology 14.00 15.00 Medical Social Services 15.00 16.00 Spiritual Counseling 0 16.00 17.00 Dietary Counseling 0 0 17.00 18.00 Counseling - Other 0 0 18.00 0 0 19.00 Home Health Aide and Homemaker 0 0 19.00 20.00 HH Aide & Homemaker - Cont. Home Care 0 0 20.00 21.00 Other 21.00 OTHER HOSPICE SERVICE COSTS 22.00 Drugs, Biological and Infusion Therapy 22.00 23.00 Analgesics 23.00 24.00 Sedatives / Hypnotics 24.00 25.00 Other - Specify 25.00 26.00 Durable Medical Equipment/Oxygen 26.00 27.00 Patient Transportation 27.00 28.00 Imaging Services 0 28.00 29.00 Labs and Diagnostics 0 0 29.00 Medical Supplies 30.00 0 0 30.00 31.00 Outpatient Services (including E/R Dept.) 0 0 31.00 32.00 Radiation Therapy 0 0 0 32.00 33.00 Chemotherapy o 0 33.00 34.00 Other o 0 34.00 HOSPICE NONREIMBURSABLE SERVICE 35.00 Bereavement Program Costs 0 0 35.00 36.00 Volunteer Program Costs 0 0 0 36.00 37.00 Fundraising 0 0 37.00 0 38.00 Other Program Costs 0 0 38.00 39.00 Total (sum of lines 1 thru 38) 16,931 16,931 39.00

Provider CCN: 150026 | Period: | Worksheet K-4 | Part I | Date/Time Prepared: | 5/22/2013 11:41 am

	19-19				Hospice I	3/24/2322	
			CAPITAL RE	LATED COST			
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.0
2.00	Capital Related Costs-Movable Equip.	0		0			2.0
3.00	Plant Operation and Maintenance	1,815	0	0	1,819	5	3.0
4.00	Transportation - Staff	0	0	0	(0	4.0
5.00	Volunteer Service Coordination	o	0	0	(0	5.0
6.00	Administrative and General	173,822	0	0	1,81	0	6.0
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	686,493	0	0	(0	7.0
8.00	Inpatient - Respite Care	0	0	0	(0	8.0
	VISITING SERVICES						
9.00	Physician Services	0	0	0	(0	9.0
	Nursing Care	0	0	0	(0	10.0
	Nursing Care-Continuous Home Care	o	0	0	(0	11.0
	Physical Therapy	o	0	0)	0	.12.0
	Occupational Therapy	0	0	0) (0	13.0
	Speech/ Language Pathology	o	0	0)	0	14.0
15.00	Medical Social Services	o	0	0) (0	15.0
	Spiritual Counseling	0	Ō	0		0	16.0
	Dietary Counseling	o	0	. 0)	0	17.0
	Counseling - Other	0	0	o		0	18.0
	Home Health Aide and Homemaker	ol	0	· o		0	19.0
	HH Aide & Homemaker - Cont. Home Care	o	0	0		0	20.0
	Other	ō	0	0		0	21.0
	OTHER HOSPICE SERVICE COSTS		The state of the s	-		7 (B)	
22.00	Drugs, Biological and Infusion Therapy	0	0	0		0	22.6
	Analgesics	0	0	d c) (0	23.0
	Sedatives / Hypnotics	o	0	l c)	0	24.0
	Other - Specify	o	0	d)	0	25.0
	Durable Medical Equipment/Oxygen	0	0	l c		0	26.0
	Patient Transportation	0	Ó	l c)	0	27.0
28.00		o o	Ö	l c)	0	28.0
29.00		0	Ó	l c) (0	29.0
	Medical Supplies	o	Ō	i c)	0	30.0
	Outpatient Services (including E/R Dept.)	ŏ	Ö	l d		0	31.0
	Radiation Therapy	n n	0	d c		0	32.0
	Chemotherapy	o o	0	l c		0	33.0
34.00		392,644	0	d c		0	34.0
300	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	C)	0 0	35.0
	Volunteer Program Costs	i o	Ö	_		0	36.0
	Fundraising	ň	Ö	í		0	37.0
38.00	Other Program Costs	i n	Ö	1		0	38.0
	Total (sum of lines 1 thru 38)	1,254,774	_		1,81	5 0	39.0
55.00	Trocar (Sam of Fried 2 circ 30)	1,23,,,,,	,	'	,	1	•

Health Financial Systems

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150026 | Period: From 01/01/2012 | Worksheet K-4 | Pospice CCN: 151527 | To 12/31/2012 | Pate I | Date/Time Prepared: 5/22/2013 11:41 am

					Hospice I	3/22/2013 11.41	- Carr
		VOLUNTEER	SUBTOTAL	ADMINISTRATIVE	TOTAL (col. 5A	100	
		SERVICES	(cols. 0 - 5)	& GENERAL	± col. 6)		
		COORDINATOR		e e e e e e e e e e e e e e e e e e e			
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS		747	100 miles (
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination		ol i				5.00
6.00	Administrative and General		175,637	175,637			6.00
	INPATIENT CARE SERVICE		,			2.2	
7.00	Inpatient - General Care	0	686,493	111,731	798,224		7.00
8.00	Inpatient - Respite Care	C		0	0		8.00
	VISITING SERVICES				-1		
9.00	Physician Services	C	0	0	0		9.00
10.00	Nursing Care	C	ol	0	0		10.00
11.00	Nursing Care-Continuous Home Care	0	o o	Ö	ő		11.00
12.00	Physical Therapy	i o	o o	0	ő		12.00
13.00	Occupational Therapy	0	o o	0	ő		13.00
14.00	Speech/ Language Pathology	0	o o	ő	Ö		14.00
15.00	Medical Social Services	l o	o o	0	ő		L5.00
	Spiritual Counseling	l o	Ö	Õ	Ö		16.00
	Dietary Counseling	l o	ol ől	0	ő		17.00
18.00		l o	ol ol	0	0		18.00
19.00		l ă	o o	. 0	ő		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	Ŏ	o o	0	0		20.00
21.00	Other	Ŏ	ام	0	ő		21.00
	OTHER HOSPICE SERVICE COSTS		0		0		1.00
22.00	Drugs, Biological and Infusion Therapy	0	0	0	O	2.	22.00
23.00	Analgesics	i o	i o	n	ď		23.00
24.00	Sedatives / Hypnotics	0	Ŏ	ő	ŏ		4.00
25.00	Other - Specify	ľ	i i	0	Ŏ		25.00
26.00	Durable Medical Equipment/Oxygen	ľ	Ĭ	Ů	ő	1	6.00
27.00	Patient Transportation	Ŏ	i õ	0	٥		7.00
28.00	Imaging Services	Ŏ		n	0		8.00
29.00	Labs and Diagnostics	Ŏ	Ö	n	0		9.00
30.00	Medical Supplies	Ö	Ö	0	0		0.00
31.00	Outpatient Services (including E/R Dept.)	i	Ö	Õ	0		1.00
32.00	Radiation Therapy	l o	ŏ	Õ	ŏ		2.00
33.00	Chemotherapy	Ĭ	Ĭ	ŏ	o		3.00
34.00	Other	l o	392,644	63,906	456,550		4.00
	HOSPICE NONREIMBURSABLE SERVICE	1	332,044	03,300	430,330		4.00
35.00	Bereavement Program Costs	0	ا	0	0		5.00
36.00	Volunteer Program Costs	0	0 0	0	0		6.00
37.00	Fundraising	0	0	0	0		7.00
38.00	Other Program Costs		0	0	0		8.00
	Total (sum of lines 1 thru 38)	"	1,254,774	o o	1,254,774		9.00
-	,	,	1 1,23,,77	!	±,237,774	3:	3.00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

| Provider CCN: 150026 | Period: From 01/01/2012 | Worksheet K-4 | Part II | Date/Time Prepared: 5/22/2013 11:41 am

					Hospice I		
		CAPITAL RE	LATED COST	1.0-1.2 (12)			
		BUILDINGS &	MOVABLE	PLANT	TRANSPORTATION	VOLUNTEER	
		FIXTURES (SQ.	EQUIPMENT (\$	OPERATION &	(MILEAGE)	SERVICES	
		FT.)	VALUE)	MAINT. (SQ.		COORDINATOR	100.9
				FT.)		(HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS	2 562					1.00
1.00	Capital Related Costs-Bldg and Fixt.	2,562	0				2.00
2.00 3.00	Capital Related Costs-Movable Equip. Plant Operation and Maintenance	0	0	2,562			3.00
4.00	Transportation - Staff	0	Ŏ	2,302	٥		4.00
5.00	Volunteer Service Coordination	j o	o o		ŏ	0	5.00
6.00	Administrative and General	2,562	n	2,562	Ö	ŏ	6.00
0.00	INPATIENT CARE SERVICE	2,302		2,502			
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	o			o	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
	Spiritual Counseling	0	0	0	0	0	16.00
	Dietary Counseling	0	0	0	0	0	17.00
	Counseling - Other	0	0	0	0	0	18.00
	Home Health Aide and Homemaker	0	0	0	0	0	19.00
	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
22.00	OTHER HOSPICE SERVICE COSTS	T 0	0	0	0	0	22.00
	Drugs, Biological and Infusion Therapy	0	1	1	1	0	23.00
23.00	Analgesics	0	0	_	0	0	24.00
	Sedatives / Hypnotics	0	0	0	0	0	25.00
	Other - Specify Durable Medical Equipment/Oxygen	0	0	0	l ő	0	26.00
27.00	Patient Transportation	0	Ĭ	Ŏ	ő	ő	27.00
	Imaging Services	0	ŏ	Ŏ	ŏ	o i	28.00
	Labs and Diagnostics	١	ő	ŏ	ŏ	0	29.00
	Medical Supplies	ŏ	Ŏ	Ŏ	o	0	30.00
31.00		o	o	0	o	0	31.00
32.00	Radiation Therapy	o	o	Ö	0	0	32.00
33.00	Chemotherapy	o	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE			1000	44		
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	1,815		0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.708431	0.000000	0.000000	40.00

Provider CCN: 150026 | Period: From 01/01/2012 | Worksheet K-4 | Part II | Date/Time Prepared: 5/22/2013 11:41 am

		RECONCILIATION			Hospice I		
		RECONCILIATION					
				2			
			& GENERAL				
			(ACC. COST)				
c.	ENERAL CERUTES COST CENTERS	6A	6.00				
	ENERAL SERVICE COST CENTERS			1			4
	apital Related Costs-Bldg and Fixt.	0					1.00
1	apital Related Costs-Movable Equip.	U					2.00
	lant Operation and Maintenance	0					3.00
	ransportation - Staff	0					4.00
	olunteer Service Coordination			1			5.00
	dministrative and General	-175,637	1,079,137	7			6.00
	NPATIENT CARE SERVICE						
	npatient - General Care	0	686,493	1			7.00
	npatient - Respite Care	0	0)			8.00
	ISITING SERVICES				4.0	577	
	hysician Services	0	C)			9.00
	ursing Care	0	C)			10.00
	ursing Care-Continuous Home Care	0	C	O			11.00
12.00 Ph	hysical Therapy	0	C				12.00
13.00 00	ccupational Therapy	o	C)			13.00
14.00 Sp	peech/ Language Pathology	0	Ċ				14.00
15.00 Me	edical Social Services	0	Ċ				15.00
16.00 Sr	piritual Counseling	ام	Č				16.00
	ietary Counseling	١	· č	Ś			17.00
	ounseling - Other	١	Č				18.00
	ome Health Aide and Homemaker	١	Č				19.00
	H Aide & Homemaker - Cont. Home Care	ŏ	Ö	1			20.00
	ther	0	0	1			21.00
	THER HOSPICE SERVICE COSTS	1 0		7			21.00
22.00 Dr	rugs, Biological and Infusion Therapy	ol	0				22.00
23 00 Ar	nalgesics	Ö	0	1			
	edatives / Hypnotics		0	(23.00
	ther - Specify	0	0	()			24.00
	urable Medical Equipment/Oxygen	0	0				25.00
27.00 Pa	atient Transportation	0	U	()			26.00
	maging Services	0	U				27.00
i		0	Ü	3			28.00
	abs and Diagnostics	0	0	2			29.00
	edical Supplies	0	0)			30.00
	utpatient Services (including E/R Dept.)	0	0)			31.00
	adiation Therapy	0	0)			32.00
	hemotherapy	0	0) i			33.00
	ther	0	392,644	ļ			34.00
	SPICE NONREIMBURSABLE SERVICE						
	ereavement Program Costs	0	0)			35.00
	olunteer Program Costs	0	0)			36.00
	undraising	0	0				37.00
38.00 Ot	ther Program Costs	o	0)			38.00
39.00 Co	ost to be Allocated (per Wkst. K-4, Part I)		175,637				39.00
40.00 Un	nit Cost Multiplier		0.162757	1			40.00

Health Financial Systems IU HEA
ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026 | Period: | Worksheet K-5 | From 01/01/2012 | Part I | Date/Time Prepared: | 5/22/2013 11:41 am

			1		Hospice I		
			CAPITAL REL	ATED COSTS			
	Cost Center Description	Hospice Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS	CASHIERING/ACC OUNTS RECEIVABLE	
		0	1.00	2.00	4.00	5.01	
1.00	Administrative and General		36,906	0	194,838	14,732	1.00
2.00	Inpatient - General Care	798,224	0	0	(0	2.00
3.00	Inpatient - Respite Care	0	0	0	(0	3.00
4.00	Physician Services	0	0	0	(0	4.00
5.00	Nursing Care	0	0	0	(0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	(0	6.00
7.00	Physical Therapy	0	0	0	(0	7.00
8.00	Occupational Therapy	0	0	0	(0	8.00
9.00	Speech/ Language Pathology	0	0	0	(0	9.00
10.00	Medical Social Services	0	0	0	(0	10.00
11.00	Spiritual Counseling	0	0	0	(0	11.00
12.00	Dietary Counseling	0	0	0	(0	12.00
13.00	Counseling - Other	0	0	0	(0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	(0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	(0	15.00
16.00	Other	0	0	0	(0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	(0	17.00
18.00	Analgesics	0	0	0	(0	18.00
	Sedatives / Hypnotics	0	0	0	(0	19.00
20.00	Other - Specify	0	0	0	(0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	(0	21.00
22.00	Patient Transportation	0	0	0	(0	22.00
23.00	Imaging Services	0	0	0	(0	23.00
24.00	Labs and Diagnostics	0	0	0		0	24.00
25.00	Medical Supplies	0	0	0		0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	(0	26.00
27.00	Radiation Therapy	0	0	0	(0	27.00
28.00	Chemotherapy	0	0	0	(0	28.00
29.00	0ther	456,550	0	0	(0	29.00
30.00	Bereavement Program Costs	0	0	0	(0	30.00
31.00	Volunteer Program Costs	0	0	0	(0	31.00
32.00	Fundraising	0	0	0	(0	32.00
33.00	Other Program Costs	0	0	0	(0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,254,774	36,906	0	194,838	14,732	
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Hospice CCN: 151527

Hospice CCN: 151527

Period:
From 01/01/2012
Part I
Date/Time Prepared:
5/22/2013 11:41 am

					Hospice I	3/22/2013 11.	
	Cost Center Description	Subtotal	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	
		4	ADMINISTRATIVE	REPAIRS	PLANT	LINEN SERVICE	3.00
		5A.01	AND GENERAL 5.02	6.00	7.00	8.00	
1.00	Administrative and General	246,476					1.00
2.00	Inpatient - General Care	798,224	1		40,209	0	2.00
3.00	Inpatient - Respite Care	750,224	155,205	0	0	0	3.00
4.00	Physician Services			0	0	0	
5.00	Nursing Care		o o	0	Ŏ	0	l .
6.00	Nursing Care-Continuous Home Care			0	0	0	
7.00	Physical Therapy		o o	0	0	0	7.00
8.00	Occupational Therapy		0	ő	١	0	8.00
9.00	Speech/ Language Pathology		o o	l ő	١	0	
10.00	Medical Social Services		o o	١	Ŏ	ő	10.00
11.00	Spiritual Counseling		o o	٥	ا م	ŏ	11.00
12.00	Dietary Counseling	Ì	o o	0	ő	Ŏ	12.00
13.00	Counseling - Other	ď	o o	0	ő	ŏ	13.00
14.00	Home Health Aide and Homemaker	1 6	o o	Ŏ	o 0	ő	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	ď	o o	ŏ	ő	ŏ	15.00
16.00	Other		o o	0	0	ŏ	16.00
17.00	Drugs, Biological and Infusion Therapy		o o	0	0	o	17.00
18.00	Analgesics	i c	ol o	0	0	0	18.00
19.00	Sedatives / Hypnotics		o o	o	0	Ö	19.00
20.00	Other - Specify		0	0	0	Ō	20.00
21.00	Durable Medical Equipment/Oxygen	C	0	i o	0	0	21.00
22.00	Patient Transportation	C	0	o	0	0	22.00
23.00	Imaging Services	C	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0:	0	0	0	28.00
29.00	Other	456,550	113,985	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,501,250		0	40,289	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000) .				35.00

IU HEALTH GOSHEN HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems IU HEA
ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026 | Period: From 01/01/2012 | To 12/31/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Period: From 01/01/2012 | Perio

Worksheet K-5 Part I Date/Time Prepared: 5/22/2013 11:41 am

					Hospice I		
7	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF		
					PERSONNEL	ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00°	Administrative and General	17,792	0	15,700	0	57,016	1.00
2.00	Inpatient - General Care	0	0	(0	0	2.00
3.00	Inpatient - Respite Care	0	0	(0	0	3.00
4.00	Physician Services	0	0	(0	0	4.00
5.00	Nursing Care	0	0	(0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	(0	0	6.00
7.00	Physical Therapy	o	0	(0	0	7.00
8.00	Occupational Therapy	0	0	(0	0	8.00
9.00	Speech/ Language Pathology	i o	0	(0	0	9.00
10.00	Medical Social Services	o	0	(0	0	10.00
11.00	Spiritual Counseling	o	0	(0	0	11.00
	Dietary Counseling	o	0	(0	0	12.00
	Counseling - Other	o	0	(0	0	13.00
	Home Health Aide and Homemaker	ol	0	(0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	o	0	(0	0	15.00
16.00		o	0	(0	0	16.00
	Drugs, Biological and Infusion Therapy	o	o	(0	0	17.00
	Analgesics	0	0	(0	0	18.00
	Sedatives / Hypnotics	0	0	(0	0	19.00
	Other - Specify	o	0	(ol o	0	20.00
	Durable Medical Equipment/Oxygen	o	0	(0	0	21.00
	Patient Transportation	l o	0	(0	0	22.00
	Imaging Services	o o	0	(0	0	23.00
	Labs and Diagnostics	o	0		o o	0	24.00
	Medical Supplies	0	0		o o	0	25.00
	Outpatient Services (including E/R Dept.)	o	0		0	0	26.00
	Radiation Therapy	o o	0		0	0	27.00
	Chemotherapy	ŏ	0		0	0	28.00
	Other	ŏ	n		0	0	29.00
	Bereavement Program Costs	Ŏ	0		0	0	30.00
	Volunteer Program Costs	ď	Ô		0	0	31.00
	Fundraising	ا م	0		o o	0	32.00
	Other Program Costs	۱	ň		n 0	0	33.00
	Total (sum of lines 1 thru 33) (2)	17,792	n	15,70	ol o	57,016	
	Unit Cost Multiplier (see instructions)	1,,792	v	13,700] .,,010	35.00
33.00	Jointe cost multiplier (see mistructions)	1		1	1	1	22.30

ALLOC/	NTION OF GENERAL SERVICE COSTS TO HOSPICE COST	CENTERS	Provider Hospice (CCN: 150026 CCN: 151527	Period: From 01/01/2012 To 12/31/2012	Worksheet K-5 Part I Date/Time Pre 5/22/2013 11:	pared:
					Hospice I		
				188		OTHER GENERAL	
					and the second s	SERVICE	
	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	(SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	18,940	C	29,5	31 0	C	1.00
2.00	Inpatient - General Care	0	C	1	0	C	
3.00	Inpatient - Respite Care	0	C	- 1	0	C	
4.00	Physician Services	0	C	٠, ,	0	C	
5.00	Nursing Care	0	C	- h .	0	C	
6.00	Nursing Care-Continuous Home Care	0	C	1	0	C	
7.00 8.00	Physical Therapy	0	C	1	0	C	
9.00	Occupational Therapy Speech/ Language Pathology	0	C	-1	0	C	
10.00	Medical Social Services	0	C	-1	0	C	, , ,,,,,,
11.00	Spiritual Counseling	0	0	-	0 0	C	
12.00		0	C	1	۳	C	
13.00	Counseling - Other	0	C	1	0 0		
14.00	Home Health Aide and Homemaker	0	C	- 1	0 0		
15.00	HH Aide & Homemaker - Cont. Home Care	0	C	1	0 0	C	1
16.00	Other		Č	1	0 0	. 0	
17.00	Drugs, Biological and Infusion Therapy	0	C	1	0 0		
18.00	Analgesics	ŏ	Č	1	0	0	
19.00	1 2 1 2 2	ŏ	Č	1		0	
20.00	Other - Specify	Ŏ	Č	1	o o	Ö	
21.00		ŏ	č	1	o o	Ö	
22.00	Patient Transportation	o	č	Ó	0 0	Ö	
23.00		o	Ö		0 0	Ö	
24.00	Labs and Diagnostics	o	Č		o o	Ö	
25.00		0	C		0 0	Ö	
26.00	Outpatient Services (including E/R Dept.)	0	C		0 0	O	
27.00	Radiation Therapy	0	C		0 0	O	27.00
28.00	1	o	C		0 0	0	28.00
29.00	Other	0	C		0 0	0	29.00
30.00		0	0		0 0	0	30.00
31.00	Volunteer Program Costs	0	C		0 0	0	31.00
32.00	Fundraising	0	0)	0 0	0	32.00
33.00	Other Program Costs	0	0)	0 0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	18,940	0	29,5	31 0	. 0	34.00
35.00	Unit Cost Multiplier (see instructions)	1			1		35.00

 Health Financial Systems
 IU HEALTH GOSHEN HOSPITAL

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 Provide

					Hospice I		
				INTERNS &	RESIDENTS		
	Cost Center Description	NONPHYSICIAN	NURSING SCHOOL		SERVICES-OTHER	PARAMED ED	
		ANESTHETISTS	20.00	Y & FRINGES 21.00	PRGM COSTS 22.00	PRGM 23.00	
1.00	Administrative and General	19.00	20.00	21.00	22.00	23.00	1.00
2.00	Inpatient - General Care					0	2.00
3.00	Inpatient - General Care					0	3.00
4.00	Physician Services				i i	0	4.00
5.00	Nursing Care		Í		il il	0	5.00
6.00	Nursing Care-Continuous Home Care				il il	0	6.00
7.00	Physical Therapy		í .		il il	0	7.00
8.00	Occupational Therapy				S S	0	8.00
9.00	Speech/ Language Pathology					0	9.00
	Medical Social Services					0	10.00
	Spiritual Counseling					ň	11.00
	Dietary Counseling				o o	ő	12.00
	Counseling - Other					0	13.00
	Home Health Aide and Homemaker				ol ol	Ö	14.00
	HH Aide & Homemaker - Cont. Home Care	ì			ol ol	Ö	15.00
	Other					Ô	16.00
	Drugs, Biological and Infusion Therapy	ì	ń		0	0	17.00
	Analgesics		ń o	j i	o o	0	18.00
	Sedatives / Hypnotics	i	ól ő		o o	0	19.00
	Other - Specify	i			ol ol	0	20.00
	Durable Medical Equipment/Oxygen				o	0	21.00
	Patient Transportation				o	0	22.00
	Imaging Services		ol o		o o	0	23.00
	Labs and Diagnostics	(o c		ol ol	0	24.00
	Medical Supplies		o c		0	0	25.00
	Outpatient Services (including E/R Dept.)		o c		0	0	26.00
	Radiation Therapy		o c) (0	0	27.00
28.00	Chemotherapy	(o c		0	0	28.00
29.00	Other		o c) (0	0	29.00
30.00	Bereavement Program Costs		o c) (0	0	30.00
31.00	Volunteer Program Costs		ol c) (0	0	31.00
	Fundraising		o c		0	0	32.00
33.00	Other Program Costs		o c		0	0	33.00
	Total (sum of lines 1 thru 33) (2)) c) (이 이	0	34.00
35.00	Unit Cost Multiplier (see instructions)		1		, ·		35.00
	•						

Health Financial Systems IU HEALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026 | Period: | Worksheet K-5 | Part I | To | 12/31/2012 | Date/Time Prepared: | 5/22/2013 11:41 am

						5/22/2013 11:4	H am
					Hospice I		
	Cost Center Description	Subtotal (cols. 4A-23)	Intern & Residents Cost	Subtotal (cols. 24 ±	Allocated Hospice A&G	Total Hospice Costs (cols.	
			& Post Stepdown	25)	(See Part II)	26 ± 27)	
V (0.00			Adjustments				
	2.02.15 (Calculation of the Calculation	25,00	26.00	27.00	28.00		
1.00	Administrative and General	487,280					1.00
2.00	Inpatient - General Care	997,513	0	997,513	309,983	1,307,496	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	o	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	. 0	o	. 0	0	0	8.00
9.00	Speech/ Language Pathology	0	o	0	0	l ol	9.00
10.00	Medical Social Services	0	o	0	0	l ol	10.00
11.00	Spiritual Counseling	0	ol	0	0	l ol	11.00
12.00	Dietary Counseling	0	o	0	0	l ol	12.00
13.00	Counseling - Other	0	o	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	Ō	l ol	15.00
16.00	Other	0	0	0	Ŏ	n n	16.00
17.00	Drugs, Biological and Infusion Therapy	0	o	0	Ŏ	ام	17.00
18.00	Analgesics	i o	ő	Õ	٥	امّ	18.00
19.00	Sedatives / Hypnotics	0	ŏ	0	Ĭ	ŏ	19.00
20.00	Other - Specify	Ŏ	Ö	0	٥	ŏ	20.00
21.00	Durable Medical Equipment/Oxygen	١	ŏ	Ô	ĺ	ŏ	21.00
22.00	Patient Transportation	Ŏ	ŏ	0	Ň	ŏ	22.00
23.00	Imaging Services	Ĭ	ŏ	0	0	ام	23.00
24.00	Labs and Diagnostics	ň	ň	. 0	Ŏ	ام	24.00
25.00	Medical Supplies	l o	ŏ	0	Ŏ	ا ، ا	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	, o	ا ا	26.00
27.00	Radiation Therapy	0	0	0	ľ	ا م	27.00
28.00	Chemotherapy	0	0	0	١	٥	28.00
29.00	Other	570,535	0	570,535	177,297	747,832	29.00
30.00	Bereavement Program Costs	3,0,333	0	٥,٠٠,٥٥٥	1/7,29/	747,632	30.00
31.00	Volunteer Program Costs			0	0	١	31.00
	Fundraising	' '		0	0	ļ Ņ	32.00
	Other Program Costs			U	0	ار	
34.00	Total (sum of lines 1 thru 33) (2)	2 055 338	0	2 055 220	. 0	0	33.00
	Unit Cost Multiplier (see instructions)	2,055,328	١	2,055,328		2,055,328	34.00
23.00	onic cose multiplier (see Histractions)	1	1		0.310756	 	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL Provider CCN: 150026

			1			5/22/2013 11:4	11 am
					Hospice I		
		CAPITAL RE	LATED COSTS				
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		1.00	2.00	4.00	5.01	5A.02	
1.00	Administrative and General	2,562		100		0	1.00
2.00	Inpatient - General Care	. 0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	C	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	C) C	0	6.00
7.00	Physical Therapy	0	0	C) C	0	7.00
8.00	Occupational Therapy	0	0	C) C		8.00
9.00	Speech/ Language Pathology	0	0	C) C	0	9.00
10.00	Medical Social Services		0	C) C	0	10.00
11.00	Spiritual Counseling	0	0	C) 0	0	11.00
12.00	Dietary Counseling	. C	0	C) C	0	12.00
	Counseling - Other	() 0	C	0	0	13.00
14.00	Home Health Aide and Homemaker) 0	C) 0	0	14.00
	HH Aide & Homemaker - Cont. Home Care		0	C		0	15.00
16.00		C	0	C		0	16.00
	Drugs, Biological and Infusion Therapy	0	0	C		0	17.00
	Analgesics	9	0	(0	18.00 19.00
	Sedatives / Hypnotics		0)	0	20.00
	Other - Specify	9	0	C		0	21.00
	Durable Medical Equipment/Oxygen		0			0	22.00
	Patient Transportation		0			0	23.00
23.00) 0				24.00
	Labs and Diagnostics	,	0				25.00
	Medical Supplies		0				26.00
	Outpatient Services (including E/R Dept.)) 0	,			27.00
	Radiation Therapy	'					28.00
28.00						o o	29.00
29.00)		ó	30.00
30.00						ő ő	
31.00						ó	32.00
32.00 33.00			í			o o	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,562	<u>,</u>	100	3,661,117	,	34.00
35.00	Total cost to be allocated	36,906		194.838			35.00
36.00		14.405152					36.00
50.00	Tourse cose marcipiter (see macraectons)	, 105152	3.00000	,	,	•	

ALLOCA BASIS	TION OF GENERAL SERVICE COSTS TO HOSPICE COST	CENTERS STATIST	ICAL Provider Hospice C		Period: From 01/01/2012 To 12/31/2012	Worksheet K-5 Part II Date/Time Prep 5/22/2013 11:4	
					Hospice I		
	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LINEN SERVICE	HOUSEKEEPING (SQUARE FEET)	
		5.02	6.00	7.00	8.00	9.00	
1.00	Administrative and General	246,476				2,562	1.00
2.00	Inpatient - General Care	798,224	0	-,	o o		2.00
3.00	Inpatient - Respite Care	0	0		0 0	ő	3.00
4.00	Physician Services	0	Ō		0 0	ŏ	4.00
5.00	Nursing Care	0	Ó		0 0	o	5.00
6.00	Nursing Care-Continuous Home Care	0	Ö		o o	ŏ	6.00
7.00	Physical Therapy	0	0		o o	ŏ	7.00
8.00	Occupational Therapy	0	Ŏ		o o	ő	8.00
9.00	Speech/ Language Pathology	0	0		0 0	o l	9.00
10.00	Medical Social Services	0	0		o o	اة	10.00
11.00	Spiritual Counseling	0	0		0	o l	11.00
12.00	Dietary Counseling	0	0		0 0	Ö	12.00
13.00	Counseling - Other	0	0		0	o l	13.00
14.00	Home Health Aide and Homemaker	o	0		0 0	Ö	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		0 0	0	15.00
16.00	Other	0	0		0 0	o	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		0 0	ol	17.00
18.00	Analgesics	0	0		0	ōl	18.00
	Sedatives / Hypnotics	0	0		0 0	o	19.00
	Other - Specify	0	0		0 0	0	20.00
	Durable Medical Equipment/Oxygen	0	0		0 0	o	21.00
	Patient Transportation	0	0		0 0	0	22.00
	Imaging Services	0	0		0 0	0	23.00
24.00	Labs and Diagnostics	0	0		0	o	24.00
	Medical Supplies	0	0		0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		0	0	26.00
27.00	Radiation Therapy	0	0		0	0	27.00
28.00	Chemotherapy	0	0		0	0	28.00
29.00	Other	456,550	0		0	0	29.00
30.00	Bereavement Program Costs	0	0		0	0	30.00
31.00	Volunteer Program Costs	0	0		0	0	31.00
32.00	Fundraising	0	0		0 0	0	32.00
33.00	Other Program Costs	0	0		0 0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,501,250	2,562	2,56	2 0	2,562	34.00
35.00	Total cost to be allocated	374,810	0	40,28		17,792	35.00
36.UU	Unit Cost Multiplier (see instructions)	0.249665	0.000000	15.72560	5 0.000000	6.944575	26 00

In Lieu of Form CMS-2552-10

Health Financial Systems

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL
BASIS

IU HEALTH GOSHEN HOSPITAL

Provider CCN: 150026
Hospice CCN: 151527

Hospice CCN: 151527

In Lieu of Form CMS-22522-10
Worksheet K-5
Part II
Date/Time Prepared:
5/22/2013 11:41 am

accommendation of the contract				I	Hospice I		
	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF		CENTRAL	
1.000		(MEALS SERVED)	(MAN HOURS)	PERSONNEL	ADMINISTRATION	SERVICES &	
				(NUMBER	(DIRECT NURS.	SUPPLY	
				HOUSED)	HRS.)	(COSTED	
		10.00	11.00	12.00	13.00	REQUIS.) 14.00	
1.00	Administrative and General	10.00	27,101			519,128	1.00
2.00	Inpatient - General Care	Š	27,101		10,773	0	2.00
3.00		Š				0	3.00
	Inpatient - Respite Care	9				0	4.00
4.00	Physician Services	0				ő	5.00
5.00	Nursing Care	0				ő	6.00
6.00	Nursing Care-Continuous Home Care	0	·			o l	7.00
7.00	Physical Therapy	0	· ·	(0	8.00
8.00	Occupational Therapy	0	· ·	(0	9.00
9.00	Speech/ Language Pathology	0	· ·			0	10.00
10.00	Medical Social Services	O O	Ĺ			0	11.00
	Spiritual Counseling	0	Ĺ			0	12.00
	Dietary Counseling	U	(0	13.00
	Counseling - Other	0	(0		14.00
	Home Health Aide and Homemaker	0	(9	0	15.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	(9	0	16.00
	Other	0	(0	17.00
	Drugs, Biological and Infusion Therapy	0	(0	18.00
	Analgesics	0	(0	19.00
	Sedatives / Hypnotics	0	(0	20.00
	Other - Specify	0	(0	21.00
	Durable Medical Equipment/Oxygen	0	(0	22.00
	Patient Transportation	0	(O O	•	1
	Imaging Services	0	() o	0	23.00
	Labs and Diagnostics	0	() U	0	24.00
	Medical Supplies	0	() u	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	(0	0	26.00
27.00	Radiation Therapy	0	(ي	0	27.00
	Chemotherapy	0	· ·			-	28.00
29.00	Other	0	(0	0	29.00
30.00	Bereavement Program Costs	0	() 0	0	30.00
	Volunteer Program Costs)	(0	0	31.00
	Fundraising	0	(0	0	32.00
33.00	Other Program Costs	0	(0	0	
34.00	Total (sum of lines 1 thru 33) (2)	0	27,101		10,449	519,128	
35.00	Total cost to be allocated	0	15,700		57,016	18,940	
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.579314	4 0.000000	5.456599	0.036484	36.00

BASIS	TION OF GENERAL SERVICE COSTS TO HOSPICE COST	CENTERS STATISTI	CAL Provider Hospice	CCN: 150026 CCN: 151527	Period: From 01/01/2012 To 12/31/2012		oared: 11 am
	Cost Center Description	PHARMACY	MEDICAL	SOCIAL SERVIC	HOSPICE I OTHER GENERAL SERVICE (SPECIFY)	han a takan	
	Cost center bescription	(COSTED REQUIS.)	RECORDS & LIBRARY (GROSS CHARGES)	(TIME SPENT)		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	3,661,117	7	0 0	0	1.00
2.00	Inpatient - General Care	0	(1	0 0	-	2.00
3.00	Inpatient - Respite Care	0	()	0 0	0	3.00
4.00	Physician Services	0	(0	0	4.00
5.00 6.00	Nursing Care	0	()	0	0	5.00
7.00	Nursing Care-Continuous Home Care	0	()	0	0	6.00
8.00	Physical Therapy Occupational Therapy	0	((0	0	7.00
9.00	Speech/ Language Pathology	0	(0	0	8.00
10.00	Medical Social Services	0	. (()	0	0	9.00
11.00	Spiritual Counseling	0	((0 0	0	10.00
12.00	Dietary Counseling	0	((0	0	12.00
13.00	Counseling - Other	0	(Í	0	0	13.00
14.00	Home Health Aide and Homemaker	0	(S)	0 0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	č	á	o o	ő	15.00
16.00	Other	ŏ	Č		o o	ő	16.00
17.00	Drugs, Biological and Infusion Therapy	ō	Ċ		o o	ŏ	17.00
18.00	Analgesics	o	Ċ		o o	ő	18.00
19.00	Sedatives / Hypnotics	o	(0 0	o	19.00
20.00	Other - Specify	0	()	0 0	. 0	20.00
	Durable Medical Equipment/Oxygen	0	()	0 0	0	21.00
22.00	Patient Transportation	0	()	0 0	0	22.00
23.00	Imaging Services	0	C)	0 0	0	23.00
24.00	Labs and Diagnostics	0	C)	0 0	0	24.00
25.00	Medical Supplies	0	C)	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	C)	0	0	26.00
27.00	Radiation Therapy	0	C)	0	0	27.00
28.00	Chemotherapy	0	C	9	0	0	28.0
30.00	Other	0	C)	0	0	29.00
31.00	Bereavement Program Costs Volunteer Program Costs	0	Ç	<u>'</u>	0	0	30.00
32.00	Fundraising	0	C		0	0	31.00
33.00	Other Program Costs	0	C		0	0	32.00
34.00	Total (sum of lines 1 thru 33) (2)	0	2 661 117		0	0	33.00
35.00	Total cost to be allocated	0	3,661,117 29,531		0	0	34.00
	Unit Cost Multiplier (see instructions)	ı Ul	29.331	1	OI (II	01	35.00

 Health Financial Systems
 IU HEALTH GOSHEN HOSPITAL

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL Provider CCN: 150026
 BASIS

Provider CCN: 150026 | Period: | Worksheet K-5 | Part II | Pate/Time | Prepared: | 5/22/2013 | 11:41 am

					Hospice I	
			INTERNS &	RESIDENTS		
	Cost Center Description		SERVICES-SALAR		PARAMED ED	
		(ASSIGNED	Y & FRINGES	PRGM COSTS	PRGM	
		TIME)	(ASSIGNED	(ASSIGNED	(ASSIGNED TIME)	
		20.00	TIME) 21.00	TIME) 22,00	23.00	
1.00	Administrative and General	20.00			23.00	1.00
2.00	Inpatient - General Care			0	0	2.00
3.00	Inpatient - General Care		0	0	0	3.00
4.00	Physician Services			0	0	4.00
5.00	Nursing Care			0	. 0	5.00
6.00	Nursing Care-Continuous Home Care		j o	0	. 0	6.00
7.00	Physical Therapy			0	0	7.00
8.00	Occupational Therapy	,	il i	١	0	8.00
9.00	Speech/ Language Pathology	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	il o	ا	0	9.00
10.00	Medical Social Services	1	í	٥	0	10.00
11.00	Spiritual Counseling		il o	٥	0	11.00
12.00	Dietary Counseling			ŏ	ő	12.00
13.00	Counseling - Other			Ŏ	ŏ	13.00
14.00	Home Health Aide and Homemaker		Í	0	. 0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care			0	ŏ	15.00
16.00	Other		í	ŏ	ŏ	16.00
17.00	Drugs, Biological and Infusion Therapy		, o	0	ŏ	17.00
18.00	Analgesics	Č		Ö	ŏ	18.00
19.00	Sedatives / Hypnotics	Č	á ő	ŏ	o	19.00
20.00	Other - Specify		í ň	Ů	0	20.00
21.00	Durable Medical Equipment/Oxygen	7	i i	Ö	ő	21.00
22.00	Patient Transportation		í ň	ŏ	ō	22.00
23.00	Imaging Services	1	á ő	ŏ	ő	23.00
24.00	Labs and Diagnostics	'	o o	ŏ	ŏ	24.00
25.00	Medical Supplies	1	o o	j j	ō	25.00
26.00	Outpatient Services (including E/R Dept.)		o o	l ől	ō	26,00
27.00	Radiation Therapy	1	0	o	o	27.00
28.00	Chemotherapy		o o	o	o	28.00
29.00	Other		o o	o	o	29.00
30.00	Bereavement Program Costs	· ·		o	0	30.00
31.00	Volunteer Program Costs	ì	ol o	o	0	31.00
32.00	Fundraising		ol o	l ol	0	32.00
33.00	Other Program Costs		اً م	l ol	ol	33.00
34.00	Total (sum of lines 1 thru 33) (2)		ol o	l ol	o	34.00
35.00	Total cost to be allocated		أ أ	l ol	o	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	36.00
55.50	1	,		,	'	•

Health Financial Systems
COMPUTATION OF TOTAL HOSPICE SHARED COSTS IU HEALTH GOSHEN HOSPITAL
Provider CCN: 150026 Hospice I

				nospice 1		
	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Charges	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.583897	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.349879	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.480093	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.220681	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.225892	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.413446	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.738419	0	ol	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00				10.00
11.00	Totals (sum of lines 1-10)				0	11.00

133,801

13.00

12.00

Other Unduplicated days (Worksheet S-9, column 5, line 5)

13.00 Aggregate cost for other days (line 3 times line 12)

JESSEN T		Title XVIII	Hospital	5/22/2013 11:4 PPS	41 am
	The second second second second second second second second second second second second second second second s			1.00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT		4		
1.00	Capital DRG other than outlier		·	1,208,247	1.00
2.00	Capital DRG outlier payments			72,726	1
3.00	Total inpatient days divided by number of days in the cost reportin	g period (see instru	ctions)	54.21	
4.00	Number of interns & residents (see instructions)		· .	0.00	
5.00	Indirect medical education percentage (see instructions)			0.00	1
6.00	Indirect medical education adjustment (line 1 times line 5)			0	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)				7.00
8.00	Percentage of Medicaid patient days to total days reported on Works	heet S-3. Part I (se	e instructions)	18.94	8.00
9.00	Sum of lines 7 and 8	,		21.40	ı
10.00	Allowable disproportionate share percentage (see instructions)			4.43	
11.00	Disproportionate share adjustment (line 1 times line 10)			53,525	
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)			1,334,498	
				1.00	
	PART II - PAYMENT UNDER REASONABLE COST			1.00	
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3.00
4.00	Capital cost payment factor (see instructions)			0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			. 0	5.00
			-	1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		I	1.00	
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (se	e instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instruct	ions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circu	mstances (line 2 x l	ine 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			ol	9.00
10.00	Current year comparison of capital minimum payment level to capital	payments (line 8 le	ss line 9)	. 0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital L, Part III, line 14)	payment (from prior	year Worksheet	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments	(line 10 plus line :	11)	0	12.00
				ō	13.00
13.00	Current year exception payment (if line 12 is positive, enter the ar	mount on this line)		U	
13.00 14.00	Current year exception payment (if line 12 is positive, enter the ar Carryover of accumulated capital minimum payment level over capital line 12 is negative, enter the amount on this line)	payment for the fol	lowing period (if	ŏ	14.00
13.00 14.00 15.00	Current year exception payment (if line 12 is positive, enter the an Carryover of accumulated capital minimum payment level over capital line 12 is negative, enter the amount on this line) Current year allowable operating and capital payment (see instruction)	payment for the fol	lowing period (if	-	14.00 15.00
13.00 14.00 15.00 16.00	Current year exception payment (if line 12 is positive, enter the ar Carryover of accumulated capital minimum payment level over capital line 12 is negative, enter the amount on this line)	payment for the fol	lowing period (if	0	